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Liviu Gabriel Alexandrescu

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Injecting ATS/NPS use and drug abjection in Romania

Liviu Gabriel Alexandrescu

Liviu Gabriel Alexandrescu is a Teaching Assistant at the Department of Sociology, Lancaster University, Lancaster, UK.

Abstract

Purpose – The purpose of this paper is to investigate a group of Romanian injecting substance users “migrating” from heroin to novel psychoactive substances (NPS) as a counterpublic seeking to escape the stigma of drug abjection.

Design/methodology/approach – The findings are drawn from interview and observational data collected mainly at drug services sites in Bucharest, Romania.

Findings – The stimulant powders sold by head shops appealed to experienced drug users because they seemed to emulate a consumerist ethos and cultivate a healthy, rational agent that popular discourses of addiction deem incompatible with drug careers. NPS and head shops were thus initially understood as a possibility of escaping “junk identities”. However, they ultimately sealed injectors as abject bodies that obstructed the collaborative goals of rehabilitation and health restoration. A sense of symbolic distance shaped by notions of moral and bodily hygiene separated heroin and NPS users, as the latter increasingly came to be seen and see themselves as flawed consumers of health and freedom.

Practical implications – NPS retail spaces could present valuable opportunities to insert harm-reduction resources and harness counterpublic health strategies.

Social implications – Dominant definitions of substance use as unavoidable paths into self-destruction push users towards unknown compounds they can attach more fluid meanings to. This suggests that prohibitionist language still obscures rational dialogue about existing and emerging drugs.

Originality/value – The paper traces ATS/NPS in an Eastern European context offering an alternative vantage point to harm-focused perspectives.

Keywords Consumption, Counterpublic health, Drug abjection, Injecting ATS use, New psychoactive substances, Normative embodiment

Paper type Research paper

Introduction

As markets of largely unclassified novel psychoactive substances (NPS) kept expanding over recent years in Europe and other parts of the first world, much of the policy debates and research inputs that ensued generally tended to focus on the harms associated with ongoing chemical and commercial innovation. A public health perspective is essential to understand emerging drugs and their potential impact on the lives of users, but a more robust critical discussion should also take into account potential mutations in the cultural landscapes of “intoxication” that such phenomena indicate. If the NPS trade was able to draw on prohibitionist language and divert it into marketing strategies – playing on the “licit/illicit” divide to advertise the purported safety of “legal” high use, for example – it also put forward a platform of resistance to prohibition. It pointed to the rigidity of a control paradigm that largely reduces substance using lifestyles to moral bankruptcy and clinical pathologies. Research contributions into the meanings and power relations that underlie such debates and shape the lives of drug users are also needed to reveal the production of “harm” as a governance tool in the risk society.

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Drawing on the above points, this paper investigates the formation of a new group of injecting drug users (IDUs) abandoning heroin in favour of new ranges of amphetamine-type stimulants (ATS) sold by NPS retailers in Bucharest, Romania. It argues that what was initially advertised as a legitimate and apparently regulated drug market provided experienced injectors with the possibility of normalising “junk identities” and shaking off the stigma of drug abjection. To understand this, notions of an abject substance using body that cannot hold solid boundaries, that cannot be sanitised and that cannot exert choice are explored in their overlap with the disciplinary mechanisms of liberal governance. The stimulants distributed by head shops and adopted by IDUs thus appear to foster a sense of perpetual desire so well tuned to the capitalist spirit while also enacting normative consumption experiences and the rational agent that can be affirmed through individual choice. The inherent fluidity of NPS as policy objects and cultural artefacts creates space for new meanings and identities. These also reveal the attempted flight of a psychoactive substance injecting counterpublic from the ontological barriers and historical definitions of nonmedical “drug use” and “addiction” as pathologies of reason. Flattening possibilities of what drug using bodies can do and become, such notions can appear as toxic to “junk bodies” as the hazards of the chemical agents they invoke.

Drug abjection and the “junk body”

The modern history of drugs is also a history of the body made disgusting, of the abject flesh. The unregulated flows of dark economies, the underworlds of classed or racialised “others” are made visible through it. A deeply moral emotion, disgust can mobilise an urgent and specific sense (Ngai, 2005) of collective effervescence, as “it evaluates (negatively) what it touches, proclaims the meanness and inferiority of its object. And by doing so it presents a nervous claim of right to be free of the dangers imposed by the proximity of the inferior” (Miller, 1997, p. 9). As a stigmatising sign, it is performative and it sticks to the individuals or groups that become its objects and are stuck at the margins of the social body or “homeland of purity” (Ahmed, 2004). Three ways of being disgusting or three modes of abjection are relevant to the place of substance using “junk bodies” and drug countercultures in the late modern neoliberal world.

Borrowing from feminist theory (Grosz, 1994), the first can be referred to as that of the “seeping carnality”. This is the sense of being reminded of one’s decaying “animal body” (Nussbaum, 2004) that seeps and leaks and cannot hold its boundaries together, like the pregnant or menstruating female corporeality (see, Ettorre, 1992; Longhurst, 2001). It signifies the collapse of the rational solid mind into the visceral compulsion of addiction. As dirt or matter “out of place”, it announces the dissolution, and threatens not only the purity, of the individual body but also that of communal structures which must be preserved, as anthropologist Mary Douglas (1966/2003) observed. Street drugs that meet with the dehumanising conditions of structural poverty and exclusion such as poor nutrition, insalubrious housing or limited access to medical services and other life resources have a “privileged” position here. Injecting use that leaves visible marks on the flesh and exposes it to infection through contaminated paraphernalia (shattering demarcation lines between the inside and outside of the body) also falls under this category.

The second mode of abjection is that of the unregulated body that slips or spills out of the flows of biopower (Foucault, 1990) and the health society (Greco, 2009). This mode – referred to here on as sanitisation – articulates the liminal zones that power and medico-legal knowledge fail to permeate. It points to the marginal bodies that resist dominant definitions of what healthy bodies are, of how these should be used and managed. The medical language of addiction and the moral-political language of social hygiene work together to produce normative boundaries and dichotomies of “inside/outside”, “health/sickness”, “freedom/compulsion” or “reason/bestiality” that subjects are either pulled or try to push themselves in. What falls on the “negative” side of each becomes the object of disciplinary apparatuses (“dispositif”) (Foucault, 1980) that position recovery from “addiction”, “problematic drug use” or “misuse” as the mandatory ethical ideal on offer, along with the reconstruction of the healthy drug-free body (Kleinig, 2008). This also creates a spatial politics of exclusion – often drugs are part of abject sceneries or “no-go zones” showcased to legitimate the creation of a “narco-carceral complex” (Schack, 2011) and other policing practices that feed on the moral condemnation of disenfranchised strata such as welfare clients or migrants (see, Tyler, 2013; Jensen, 2014).

Last, high-risk drugs and addiction also reveal some of the tensions and contradictions within consumer capitalism. Historically, they problematise the excess of freedom, desire and pleasure at the expense of choice in a social system that can only function through the coming together of freedom-affirming and choice-making individuals (O'Malley and Valverde, 2004; Reith, 2004; Seddon, 2010). "Junk identities" appear to be abject identities also because the rational, solid and calculative self of the liberal subject is nullified in the "junk body" that renounces choice as it fades into compulsive desires and fixations for illegal "dark commodities". This is the liberal self that chooses not to be free and ultimately not to choose anymore. In the spread of addictions and the extrapolation of pathological dependencies of all sorts onto all domains of social life (shopping, gambling, sex, food, etc.) there seems to surface "a counter to the global proliferation of consumption: a refusal of choice that has become overwhelming; a denial of freedom that is illusory" (Reith, 2004, p. 296).

Seeping and marginal bodies, bad choice-makers and flawed consumers, IDUs come together as a counterpublic and as members of other counterpublics – ethnic or sexual minority groups, sex workers, homeless, etc. (Race, 2009). They are understood as subordinate beneficiaries of health maintenance who do not manifest the uniform needs, behaviours and expectations presumed to define the social totality of the general public. In being excluded from mainstream ideals of medical provision, counterpublics develop a common awareness of their condition and develop "lifeworlds" of counter-discourse that challenge dominant norms (Warner, 2002) – "all counterpublics are political in this way" (Duff and Moore, 2015, p. 54). Race proposes the acknowledgement of a "counterpublic health" more attuned to the platforms, spaces, "care practices and corporeal pedagogies" (Race, 2009, p. 4) that counterpublics appropriate into strategies of risk reduction, e.g. alternative media, online forums, rave parties, sex venues, bars and so on (Race, 2010).

In this intuition that alternative venues and countercultures such as those of substance injectors produce and disseminate their own codes and safety practices, possibilities of escaping the normative logic of public health also take shape. In what follows, this paper explores what possibly became a counterpublic health intuition that spread among Romanian IDUs along with the appearance and popularisation of powder-stimulants sold by head shops in the capital of the country, Bucharest. If such a group can be understood and positioned as an abject counterpublic, NPS retail spaces are also imagined to be potential counterpublic venues that in their fluidity of meaning were pursued as strategies of neutralising the stigma of drug abjection without affirming the ethics of sobriety and pleasure-negating goals of rehabilitation.

Background: injecting NPS in Romania

After the collapse of the Soviet Union, by the mid-1990s Romania became an active segment of the "Balkan Route" that saw heroin being shipped from Middle Eastern suppliers to Western consumers via Turkey and South-Eastern Europe. Heroin also became the drug of choice for most injecting users in the country. It was only around 2009-2010 that the ATS sold by "dream shops" – as the Romanian media called NPS outlets – began to displace it from IDUs' repertoires. In February 2010, a first group of 36 substances identified behind "legal high" labels was banned (the popular mephedrone included) followed by another eight in June that same year.

In 2011, a report commanded by the Romanian Harm-Reduction Network found that about four in ten frequent NPS users opted for ATS labels that included classes of compounds like synthetic cathinones, pirovalerones of tryptamines, among others, that they bought in powder form to either snort or inject (Botescu, 2012). The rest used synthetic cannabinoids mostly marketed by NPS retailers in the "Spice" range. One year later NGOs managing needle and syringe programmes in Bucharest estimated that about 51 per cent of their beneficiaries injected ATS/NPS, 44 per cent heroin and the remaining five per cent more than one category of substances, according to data centralised by the Romanian National Anti-Drugs Agency (see, NADA, 2013).

This "migration" was also suggested to have significant epidemiological impact. At the peak of the NPS trade, in 2011-2012, data collected from 417 injectors in Bucharest indicated a HIV-prevalence of more than one in two (Botescu *et al.*, 2012). This was suggested to be the result of an increasing frequency of dosing on ATS/NPS and a consequently higher exposure to infected

injecting equipment. The NADA (2014) pointed to similar numbers – a rise from a prevalence rate of 1.1 per cent in 2008 to one of 49.2 per cent in 2013, with well over 100 new cases identified each year, beginning with 2011.

Legislative changes ultimately created a more flexible legal framework to clamp down on the NPS trade, as they moved the burden of laboratory testing and health risk assessments onto retailers selling any substances susceptible of having psychoactive effects and being used as substitutes for controlled drugs. Substitutes were defined as “any natural or synthetic substances or mixtures of natural and synthetic substances, in any physical form, or any product, plant, mushrooms or fragments, whose use is not regulated by other legal provisions and is likely to yield psychoactive effects, and which can be used instead of a controlled drug” – see the report of the New Psychoactive Substances Review Expert Panel (NPSREP, 2014, p. 33). If street shops have been put out of business following these measures, anecdotal evidence suggests that NPS are still available online and on the underground market.

Data and method

The data discussed here were mostly collected between April and October 2012 for the author’s doctoral project focusing on moral discourses of NPS use in the mainstream media and clinical settings in Romania. For this purpose, a body of 30 primary semi-structured interviews and in situ observations was generated mainly at a methadone treatment facility in Bucharest. This comprised 15 users with significant histories of heroin and then NPS intravenous use, 12 “specialists” with considerable work experience in the drug services or in the field of policy (activists, treatment coordinators, outreach workers, therapists or policy makers) and three journalists representing some of the most vocal media outlets that had campaigned for the closure of head shops in the country.

The content was coded, structured and interpreted through thematic analysis (see, Braun and Clarke, 2013). A secondary dataset of 20 unstructured interview items collected by the European Drug Policy Initiative, a regional network of harm-reduction-focused organisations, for a study on the permeation of NPS in five European countries (Sarosi, 2014), was used and cross-matched with the primary data. This consisted of 15 experts, four (smoking and injecting) NPS users and a parent of an injecting NPS user. Envisaged caveats in tackling the overall body of data used in this study pertain to the narrow scope of immersion and limited focus on the confines of the methadone clinic; to the rather brief timeframe of collection and logistic limitations impeding the generation of longitudinal data; and also possibly to the personal biases of the author as engaged (critically, nevertheless) harm-reduction supporter.

From clinic to shop

In the winter months of 2009-2010, public concern about the increasing numbers of “dream shops” opening their doors to curious customers and youths visiting A&E sections following botched experiments with NPS reached a peak. In fuelling a sense of moral panic, however, the mainstream media mostly referred to a general problematic category of “legal drugs”, “ethnobotanicals” or “ethnobotanical substances”, picking up the marketing vocabulary that NPS retailers had initially used to camouflage their operations – purporting to sell only rare plants and chemicals that researchers would be interested in. If most cases of extreme intoxication presented by the media seemed to involve isolated episodes of synthetic cannabinoid use, it was at about the same time that drug workers were seeing some of their heroin using clients move on to ATS powders.

In reflecting back on this, many injecting users invoked a desire to be “normal”. But what kind of normality did ATS/NPS offer? Going back to the first mode of abjection – the seeping body – there appears a recurring theme of “self-medication” on the new stimulants among IDUs. These would not be reported to cause the withdrawal sickness that heroin users loathed but for many almost felt like an antidote to it. 27-year old Robert (real names have been changed) explained his departure from heroin: “After I discovered ‘legals’, I said to myself that I’ll take ‘legals’ and quit dope”. Like him, others saw in the new drugs a kind of healing narrative or counterpublic health

intuition that could help them solidify an otherwise seeping ill body and shed away a “junk identity”. Some clinicians pointed out that the public language of “legal-ethnobotanical-plants/substances” coupled with the marketing strategies of retailers also helped strengthen narratives of NPS as natural, safe-to-use herbal cures. Alina (23 years of age) also talked about this:

I had this wish to be normal. And a lot of people [did this] [...] It was written on the packets that they only contained vitamins. Magnesium, calcium and: “Look, mom, I’m quitting heroin just by taking vitamins!” And my parents would give me money [to buy NPS] because they looked at the packets and literally saw only vitamins in there.

Even if intuition told experienced drug users that the powders did not come from a Shaman’s toolkit but most likely from faraway underground laboratories, using one array of psychoactive substances to kick off a habit for another offered a more pleasurable strategy of “cleaning up” one’s body than the dull trips to the methadone clinic. This was even more of an incentive for some to persist in their NPS use as the initial waves of “uppers” sold before the first ban facilitated what were generally described by research participants as euphoric sensations that opened up appetites for movement, sounds, images, spaces and life, more generally.

Narratives of healing and normalisation also tie in with the second mode of abjection – sanitisation. Again, this mode invokes the politics of visibility, of surface and underground, of being seen and putting oneself forward to be seen. It speaks of discipline and resistance in the face of power and its medico-penal extensions. For the most vulnerable, the blurred legal status of NPS left room for possibilities of a less costly resistance. In the first phase, some even imagined head shops as state-managed facilities distributing therapeutic products for their opiate addiction that could be bought “just like you buy a pack of cigarettes” (Filip, 30-years old). For others, like 29-year old Tudor, a rough-sleeper for most of his adult life, they offered a practical advantage in his struggles for survival on the streets:

I didn’t know what they were. No. I didn’t even care. I knew that they were drugs, but that they were legal. I thought they were legal and that after I did my dose, I had the impression [...] [With] Those ones, the first ones [...] That the police wouldn’t pick on you because they’re legal. I even injected in their presence, right there. And the police would say to us: “Come on! Do it and let’s check you out”.

Police abuse was not fiction to Bucharest’s IDUs but at least at the “dawn” of the NPS trade a receipt for one’s money spent at what seemed a regular shop like any other that hosted legal fiscal and commercial activities could be a ticket out of trouble. This is also relevant for the third mode of abjection – choice. By operating on the surface before policies could be adjusted and channelled into effective responses, “dream shops” also positioned IDUs as rational consumers and choice-makers. Their products were considerably cheaper than street heroin and bulk buys meant more value for money. One could weigh price and availability, demand and offer. One could choose between distinct products wrapped in vividly coloured logo-printed packets. NPS retailers recreated the normative shopping experience on the streets and online, moving transactions from squats and alleys to clean and safe consumer spaces. Furthermore, the stimulants they sold pinned down and perpetuated consumer desire for those trapped in their “heroin bubbles”, as a drug worker put it. 29-year old Emil, who talked about his first visits to head shops as “being in a dream house”, expanded on this:

[When high on ATS/NPS] You wanted fancy cars, you wanted sensations, you wanted to go “outside” [to travel abroad], you wanted planes, you wanted pistols, Uzzis, AK47s. You wanted a lot.

In his desire for guns Emil affirmed his scorn for the police who, according to his claims, had beaten and mocked him numerous times. But in his desire for consumer goods and experiences he affirmed himself as a good citizen-consumer. In seeking ego-enhancing status commodities on the side of drugs, he also invoked the possibility of making himself visible as a member of the mainstream public. As Lenson (1995) points out, stimulants tie in perfectly with the emotional fabric of consumer capitalism. Through them, “desire becomes so generalised that it is the interest itself that matters, and not the object” (p. 126). To act as a legitimate consumer – to exert choice and to be able to feed one’s never-ceasing desires, as Emil’s quote also suggested – means to be defended from abuse. One’s ability to spend equates one’s right to be protected and left alone.

Choosing the shop over the clinic, almost “self-medicating” on stimulants to alleviate opiate cravings, some injecting substance users saw a chance to escape “junk identities” in all the ways

discussed above. This counterpublic strategy of normalisation took shape outside the disciplinary flows of methadone treatment. It hinted, however, at the larger capital flows of production and consumption that punctuated life in the city – a life that as unproductive and idle consumers of freedom, “junk bodies” would be severed from.

From shop to clinic

It was mainly after successive bans of NPS and other less centralised efforts – local councils’ enforcement of initiatives to forbid head shops functioning in the proximity of schools, parks, hospitals or playgrounds, for example – that a problematic NPS-using IDU profile also emerged. This coincided with the general reduction of retail spaces to small boots mainly operated through narrow windows with few products on offer. As some ranges of ATS were replaced by others, users also complained about the plummeting quality of the new labels sold as substitutes to the first generation of “substitutes” to traditional drugs – see earlier point on anti-NPS Romanian drug legislation.

An image of the injecting NPS user or “legalist” as a compulsive, psychotic, unhygienic and potentially aggressive body separated IDUs who stayed loyal to heroin and “legalists”, within the clinic and on the streets. It pointed back to the first two modes of abjection. The first (the seeping body) sees the “junk body” losing boundaries in merging with unknown substances, grimy spaces and infected objects or injecting paraphernalia. NPS users injected at least two times more frequently than heroin users, at an average rate of six to ten episodes per day (Botescu *et al.*, 2012) – Sarosi (2014) advanced an even higher figure of 10-15. Exposure to infections and psychotic manifestations in days-long binges announced the collapse of both healthy body and rational mind. In respect to the second mode of abjection (sanitisation), instead of pulling IDUs up to the surface, NPS were said to have further sunk them into abjection. Drug workers talked about “legalists” slipping beyond their reach and failing to further understand the collaborative goals of treatment. Outreach worker Sergiu (29-years old) touched upon this when also detailing the passage of heroin from object to tool of harm-reduction strategies:

Because when you were focusing on risk reduction you were saying: “Use only your syringe, only your filter, only your vial, know that you get HIV through [infected] blood, you get syphilis through [infected] blood!” When they started taking “legals”, we became aware that whatever we say to them simply flies away. It enters their heads through one ear and goes out through the other. And among our harm-reduction messages there have appeared, although not in a very professional manner, things like: “Go back to heroin!” A message that I myself delivered through my own mouth: “My friend, my dear client, go back to heroin! If you can afford it, stop taking this!”.

Unlike the heroin users stabilised into treatment and compliance through rational discourses of health provision, NPS users were mostly described and described themselves as irrational and self-destructive. They became bad consumers of health just like they ultimately became bad consumers of freedom and pleasure, market goods and legitimate sensations. In looking at the third mode of abjection (choice), the initial promise of participation in the pleasure economy collided with the realisation of insignificant choice. Most clients of the methadone services came from socio-economically vulnerable groups. Data collected in 2012 revealed that half of a sample of about 440 heroin users in treatment (81 per cent of which aged 20-34) were unemployed and a few more worked without legal forms; more than a quarter of a similar-sized sample did not have a stable address and one in two had done prison time (NADA, 2013).

Perpetual desire would thus also mean perpetual strain. “Legalists” could see themselves as legitimate consumers in their appetites for things and sensations but failed to see themselves as legitimate consumers in their failure to participate in consumption. Choice would remain as illusory as ever and gratification still illusive as the redemption they sought. For many NPS users, desire led back into waste spaces. Some became despised for their dishevelled bodies and for their immersion into garbage containers, scavenging for things of value that others had discarded. This became the “trademark” of “legalists” and through it emerging street folklores further cultivated the abject stigma of contagious flesh. 31-year old Petre described this as a sense of entrapment:

I would go back home stained with rubbish up to my neck. Got it? I washed myself but I would still feel filthy. There was that feeling of being filthy that was stuck deep inside my mind. [...] I didn’t realise what I was doing back then [after having injected NPS]. I stuck my hand in a pile of garbage, stood there,

took something out, looked at it, put it back again, took something out again in case I had missed something and then put it back again.

Injecting NPS users would remain superfluous like the waste they foundered in. Many “legalists” symbolically separated themselves from this group in the interviews and regular interactions in the daily life of the clinic by invoking the lack of moral and bodily hygiene of some of its members. In the end, the signs of the abject or “junk body” signalled the failed counterpublic health intuition that NPS would allow IDUs to manage and normalise their seeping bodies by opting into new substance-mediated pleasures, as autonomous choice-making and will-exerting selves.

Concluding remarks

This paper has focused on injecting NPS users as abject counterpublic health subjects. By understanding drug abjection as seeping corporeality, object of sanitisation and incapacity of choice, it has argued that the powder-stimulants sold by “legal high” entrepreneurs allowed a group of Romanian heroin users to invest NPS with the prospect of normalised identities – to attempt to self-sanitise their own “junk bodies”. This led, however, to their further sedimentation into “junk identities” along with the emergence of the “legalist” among injecting substance users and clinicians, a scarecrow figure trapped in compulsive desire, further sunk into abjection beyond possibilities of recovery.

As the curtains are drawn on “dream shops” and the NPS trade in the country a possibility of harnessing such settings into counterpublic health resources also seems lost. If such spaces appeared as imaginary refuges from the misery of the streets and the dull clock of methadone treatment, they could potentially also host sharing forums where nontoxic practices of injecting use could be shared and treatment referrals could be presented as choices of services. In connecting pathways of health provision and harm-reduction strategies as part of retail sites and not as dominant functions, more fluid ontological avenues could be opened up for substance using bodies to mitigate some of the self-fulfilling signs of drug stigma.

The strategies of normative embodiment discussed here also raise wider questions about the language of harm that often provides the dominant symbolic framework in debating old and emerging categories of licit and illicit drugs. In tracing injecting substance users’ plight from clinic to head shops and back, notions of harm production are found amalgamated with the sanitisation practices and vocabulary of the legal and medical assemblages designed to manage them and tame the excesses of substance use. Heroin users almost treating themselves with NPS is indicative of a flight response from the containment of “junk identities” that call upon a moral imaginary of what can only be paths of sickness and destruction. The malaise works to produce the ill and the ill work to produce the malaise, even in trying to free themselves of its shades. Ultimately, critical ways of thinking about health, freedom and desire might help situate both the dangers and opportunities of novel drugs more clearly.

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Corresponding author

Liviu Gabriel Alexandrescu can be contacted at: l.alexandrescu@lancaster.ac.uk

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