

# Refusing recovery, living a ‘wayward life’: A feminist analysis of women’s drug use

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## Abstract

Drawing on cultural historian Saidiya Hartman’s (2019) book *Wayward Lives, Beautiful Experiments: Intimate Histories of Social Upheaval*, this essay reads one woman’s life with drugs and resistance to drug treatment as a feminist act of refusal, a ‘wayward life’ in Hartman’s terms. Wayward lives are those that refuse dominant forms of servitude and push open alternative ways of being. Although living in a different time and location to the young black women in Hartman’s book struggling to survive after emancipation in the United States, we see the woman (Kim) in our study in contemporary London, United Kingdom, employing similar acts of cramped resistance in a world that treats her as ‘pathological’ and ‘criminal’. We explore the ways in which Kim resists the law, the tropes of pathology that profess to know her, and the abstinence-based treatment systems that seek to change her. Importantly in following Hartman, we are not dismissing her struggles or romanticising her drug use, but rather looking to assemble a picture of her life that captures its admixture of daily trials and challenges, fleeting triumphs, pleasures and acts of resistance. Here we are making room for the kind of embodied and intimate political work that often gets left out of discussions of more formal anti-prohibitionist activism and organisation.

## Keywords

addiction biography, case study, feminist analysis, recovery discourse, women’s drug use

If you don’t declare you’re a piece of shit, then you get bullied. Literally, ‘Oh, come on, you must have’. ‘Well, actually, no I haven’t’ . . . I haven’t sat in my bedroom and pissed in a piss bottle and lined them up. No, I haven’t done that. Sorry, mate, I can’t identify [with that]. *I refuse to.*

Kim (pseudonym), in her fifties, consumer of heroin and freebase (crack) cocaine,  
original emphasis

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Waywardness articulates the paradox of cramped creation, the entanglement of escape and confinement, flight and captivity. . . . To strike, to riot, *to refuse*.

Saidiya Hartman (2019, p. 227, emphasis added)

## Introduction

The apparent waywardness of people who consume illicit drugs is all too frequently reduced to pathology and criminality. This is especially the case for women and people of colour as they are already marginalised along multiple axes and drug use is read as further evidence of their ‘deviance’. In the epigraph, Kim, a black British woman of Caribbean descent who regularly consumes heroin and cocaine, describes her experiences in residential drug treatment where she is repeatedly goaded to identify as an abject ‘addict’. As she stresses, she refuses to, just as she has refused to accept other normative prescriptions on her life. For Kim these prescriptions are a source of frustration as they pathologise her life choices and foreclose the possibility of living well with drugs. Kim’s account above was gathered through a series of qualitative interviews conducted as part of a larger study on drug-related deaths in the UK. In this essay we read Kim’s story through what cultural historian Saidiya Hartman (2019) conceptualises as a ‘wayward life’ in order to situate these acts of resistance within Kim’s wider struggle for existence in a society that tries to confine her, or in her words, ‘put [her] in a box’. In interpreting Kim’s life story, we also draw on insights from narcofeminist accounts that aim to challenge dominant narratives of women who use drugs (International Network of People who Use Drugs [INPUD], 2022). Our close reading of Kim’s story builds on a long tradition of ethnographic and sociological studies of drug use but is distinct in combining a case study approach with narcofeminist insights to interpret her drug use as an act of resistance, an experiment in wayward living. Before turning to Kim’s story, we introduce Hartman’s work and explain its relevance to Kim’s account.

Saidiya Hartman’s (2019) book *Wayward Lives, Beautiful Experiments: Intimate Histories of Social Upheaval* draws on an extensive range of archival materials to follow the lives of black girls and women in New York and Philadelphia between 1890 and 1930. Hartman is concerned with wresting these hidden lives from the grips of sociologists and reformists that have turned them into ‘tragic biographies of crime and pathology’ (p. 236). Attending instead to their joys, pleasures and aspirations, Hartman recounts how these women carved out spaces of desire and refuge in a punitive context where they were subjected to ‘surveillance, arrest, punishment and confinement’ (Hartman, 2019, p. xiv). As feminist political theorist Bonnie Honig (2021, p. 73) explains, Hartman deftly crafts a counternarrative that ‘rescues her wayward women from careless cruel obscurity by individuating them, offering to each an indelible individuality and the shelter of tender memory’. In the process, Hartman elaborates a ‘method of refusal’ that she terms ‘critical fabulation’ (2019, p. xiv) which disrupts the pathologising judgements of dominant historical accounts to capture instead the strength and radical resistance of these black women in the face of pervasive racism, homophobia and sexism.

While this may seem an unusual analytical lens for interpreting the experiences of a woman living a century later, on the other side of the Atlantic, it holds many resonances. The stories of wayward lives that Hartman recounts help us to grasp Kim's resistance to dominant forces that render her life invisible or worse, pathological. Like the women in *Wayward Lives*, Kim embraces her apparent 'deviance' and refuses to capitulate to stigma and marginalisation. Following Hartman's method of refusal and the care and sensitivity it models, we read Kim's life as an experiment in freedom carved out in the interstices of a deeply riven classed, raced and prohibitionist society, in which 'wayward' women like her are 'deemed unfit for history' (Hartman, 2019, p. xv). We explore the ways in which Kim resists the law, the tropes of pathology that profess to know her, and the abstinence-based treatment systems that seek to change her. Kim's steadfast resistance to the oppressive regimes of drug prohibition and her fight for self-determination resonate with the political commitments of narcofeminism, in particular its assertion of the right to bodily autonomy including the freedom to choose to 'use psychoactive substances' without being pathologised (Eurasian Harm Reduction Association [EHRA], 2019). Likewise, Kim's commitment to living on her own terms and her resistance to the vilification of drug use chimes with narcofeminist efforts to transform 'society from demonizing substances and users to supporting them' and 'creating opportunities to maintain . . . their quality of life' (EHRA, 2019). In combining insights from narcofeminism with Hartman's (2019) approach to offer an alternative reading of Kim's life story outside the tropes of 'addiction' and prohibition, we are not dismissing her struggles or romanticising her drug use, but rather seeking to assemble a nuanced, complex picture of her life, one that captures its admixture of daily trials and challenges, fleeting triumphs, pleasures and acts of resistance.

### **'Addiction' and 'recovery' as gendered, racialised processes**

To contextualise our reading of Kim's life story, we briefly review the relevant literature on addiction and abstinence-based treatment, focusing on the enactment of gender and race in these processes.

As we will see in Kim's account, a key site of resistance is the expectation that she identifies as an 'addict' and renounces drug use in order to recover from 'addiction'. As anthropologist Jarrett Zigon highlights in his (2019) book on the drug war, this is the 'addict' 'rendered as the dangerous internal Other from whom the population must be defended' (p. 53). At stake here then is not only a set of normative assumptions about the nature of drug addiction or dependence and the process of recovery but the figure at the very heart of the war on drugs. In this section, we focus on the former but flag its link to the figure of the 'addict' as both are central tropes in Kim's story. Much of the literature on recovery tends to approach it as a positive process of relinquishing drug use and forging a new self-concept and identity (see e.g. Best & Lubman, 2012). While the definition of recovery is contested (Lancaster, 2017), in the UK it has been characterised as 'voluntarily sustained control over substance use, which maximises health and wellbeing and participation in the rights, roles and responsibilities of society' (UK Drug Policy Commission, 2008). Thus, in the British context, recovery-oriented treatment programmes usually promote reduced drug use, opioid substitution therapy (OST) for those dependent on opioids, increased workforce engagement, greater community connections

and improved health and well-being. As critical drug scholars have noted, the notion of recovery is not only predicated on reduced drug use or abstinence, but also reinforces a 'set of neoliberal assumptions about work, productivity and what it means to live a "contributing life" which fail to take into account the differences in the normative and social contexts of people's lives' (Lancaster, 2017, p. 758). Crucially, according to this linear narrative trajectory, recovery requires the renunciation of drug use and the pursuit of abstinence. Thus, the narrative accounts available to people who consume drugs offer a narrowly circumscribed set of options, either transformation and redemption through ceasing drug use, or continuing damage and decline (valentine et al., 2020).

The contemporary model of recovery referenced here enacts recovery as a process of self-transformation and self-empowerment that involves recognising the need for change, addressing internalised stigma and supplanting the 'addict identity' with a new identity. The presumed need for self-transformation reinforces stigmatising stereotypes of the 'addict' as an abject figure whose volition has been attenuated and whose identity has been spoilt by drug use (Harris & McElrath, 2012). In the last decade, drug scholars have applied insights from poststructuralist approaches to explore the role of drug policy and practice (including treatment measures) in producing particular kinds of drug-using subjects and identities. They have tracked the ways in which methadone maintenance treatment and recovery discourses construct 'clients' in contradictory ways: as irresponsible and irrational 'addicts'; as responsible, rational patients in need of care; and as risky criminals requiring punitive surveillance and control (see e.g. Fraser & valentine, 2008; Harris & McElrath, 2012; Lancaster et al., 2015). Such research has highlighted the role of treatment practices in reproducing the stigmatised identities they claim to treat. As Fomiatti et al. (2017, p. 175) note in an analysis of experiences of recovery among clients engaged in drug treatment: 'A risk of linking recovery to the reparation of "spoiled identity" is that the focus on the cognitive and rational dimensions of identity change can reduce and collapse the particularity of embodied experiences.' Kim's strong resistance to the pathologising assumptions of treatment discourses suggests that she is attuned to this risk. As we saw in the epigraph, Kim rejects the expectation of drug treatment that she accept the label 'addict' and 'declare [herself] a piece of shit'.

Kim's resistance to the pathologised subject positions available to her in drug treatment discourses is inflected with a politics where she is marginalised along axes of gender, class and race. Indeed, many sociological and anthropological studies have identified gender, class and race as significant in shaping the experiences of people who use drugs (Knight, 2017; Muehlmann, 2018; Zigon, 2019). A key theme running through this literature is the contradictions that emerge when marginalised people who use drugs engage with institutional processes. For example, anthropologist Andrea López (2020) has explored the micro-aggressions endured by women who use drugs in routine encounters with social and medical institutions. As she explains, 'while women [who use drugs] can access a relatively robust safety net [in the United States (US) healthcare system], the broader configurations of care, coupled with the mediating punitive ideologies directed at people who are poor and experiencing addiction, result in women's care experiences taking place alongside undercurrent forms of brutality' (López, 2020, p. 752). Drawing on Mbembe's concept of 'necropolitics', she argues that women who are multiply marginalised (e.g. the urban poor, homeless people, racial minorities) need to be life-threateningly

ill for the state to register them as ‘disabled’. This is because the US federally-funded disability programme requires a person’s impairment to be ‘so severe and chronic as to . . . place [them] at high risk of death’ (López, 2020, p. 757). For the women in López’s study, this eligibility criterion for accessing state-funded health and social services meant that ‘the most life-sustaining interventions came when they were at death’s threshold’, paradoxically forced to confront the imminence of their own death in order to access life-sustaining care (2020, p. 760). While these institutional power dynamics and the differential value they assign to human life play out in specific ways in the US health system, they are not unique to that context: as we will see, they are also evident in Kim’s case, and help to contextualise her resistance to dominant institutions that stigmatise her as a disordered, deviant subject. Like the women in López’s study, Kim is consigned to the fringes of society where life is precarious and death a distinct threat.

The role of gender in addiction and treatment discourses has been subject to sustained scholarly attention in recent decades, particularly in sociology and anthropology (see e.g. Andersen, 2015; Campbell & Ettore, 2011). By contrast, comparatively few studies<sup>1</sup> address the significance of race in addiction discourses despite growing recognition of the ways in which prohibitionist drug policy and policing practices are inflected with negative stereotypes about racial minorities (Tosh, 2021; Wincup & Stevens, 2021). In an ethnography of a drug treatment programme for homeless women in the United States, anthropologist E. Summerson Carr (2011) traces the gendering of treatment discourses, showing how access to shelter, food and child custody shapes women’s self-presentation in therapeutic exchanges. Recognising the high stakes of their performance of the ‘recovering addict’ identity, experienced clients learn to perform the expected recovery script in order to gain access to social, symbolic or material benefits. Carr calls the process in which clients deploy institutionalised ‘recovery’ discourses ‘flipping the script’. This captures the political act of female clients telling treatment staff what they want to hear even if it does not reflect their experience. In its attention to the agency of these women and their deft performances in ‘flipping the scripts’, Carr’s work has resonances with Hartman’s *Wayward Lives*. Both texts have informed our interest in the creative strategies deployed by women on the margins to carve a path in hostile, oppressive environments.

## **Method: Reading Kim’s story as a feminist act of refusal**

In this piece, we draw on Kim’s interview as one that stood out: it demanded more attention and openness to make sense of it. We follow Mol and Law’s (2002, p. 16) suggestion to treat case studies as ‘sensitizing but also unique – as incitement to ask questions about difference and similarity’ while honouring the specificities and complexities of each case. Embracing the partiality of what can be gleaned through an interview about someone’s life, we combine a case study approach with Hartman’s method of critical fabulation, particularly her attention to sociocultural setting to contextualise Kim’s life story. These details were gathered through interviews conducted as part of an ethnographic study exploring recent rises in drug-related deaths in the United Kingdom (UK). Ethics approval was granted from the Research Ethics and Integrity Sub-Committee at Goldsmiths, University of London (Ref: 1366/1), and the National Health Service

London (Harrow) Research Ethics Committee (Ref: 18/LO/1333). Data collection was undertaken by the first author (FD) between 2018 and 2022 and involved a mixed-methods approach comprising three key methods: (1) in-depth interviews with 15 people who consume heroin (of whom Kim was one); (2) a series of five creative workshops with seven people who access alcohol and other drug (AOD) services; and (3) long-term ethnographic observations at three different AOD organisations in London.

The aim of the interviews was to explore how those deemed vulnerable to opioid overdose experienced and perceived this risk. The interviews therefore had a different purpose to that pursued here. In this sense, this essay tells a side story: a powerful counternarrative written in the margins, between the affective registers of bodies in the interview, in the interstices of the words and silences, and in Kim's tone and careful choice of words. It is the product of piecing together Kim's story in relation to the historical and sociocultural context, while recognising that our account is of course partial and contingent, offering a glimpse of what could be. In the analysis that follows, we quote verbatim from the interview but all identifying details have been removed and 'Kim' is a pseudonym to protect the participant's identity.

For the first author (FD), interviewing Kim was at times exhilarating and at others anxiety-provoking and tiring. From the outset, Kim made clear that she was not afraid to invert the hierarchies imposed by the situation, to object, deflect and redirect questions, pause, leave the room, and end the interview when she felt she had said enough. Her bold and fiercely self-assured demeanour was clear from their first encounter, as captured in FD's fieldnote:

As soon as I met Kim, I knew she was going to be a force to be reckoned with. She was talking to a man outside the drug service as I approached. She was a small woman and I hadn't noticed her at first, but when she called over, her energy and loud voice stopped me in my tracks. Somehow identifying who I was, she greeted me in a way that showed her familiarity and confidence in this space. I was entering her world. She ushered me through the door and over to the front desk, telling me to sign in as I looked to the receptionist for confirmation. She then led me through the communal area to a back room, demonstrating to those who watched on that this was not a key-working session. She was not here to subject herself to monitoring or listen to somebody else tell her how she might better live her life. Rather she was the expert who would be telling me what's what.

Kim is acutely aware of the discourses that surround the kind of heavy, regular drug consumption in which she engages, especially those associated with drug treatment, which over the last decade or so have promoted abstinence-based recovery and restrictive measures of 'success' (Dennis et al., 2020). She has been honing a defence of her life choices, however constrained, for the last 30-odd years during which she has been in and out of treatment. Kim is therefore understandably poised to defend herself. She wants to be met on her own terms, not on the normative terms in which society sees her. In all these respects, Kim throws into question the traditional modes of interpreting an interview, demanding a more expansive and imaginative reading.

It is in this spirit of meeting Kim on her own terms that we approach this essay.<sup>2</sup> Rather than relying on dominant explanatory frames that view long-term, heavy drug use

as a means of medicating individual or social ills, we want to take seriously Kim's account of how drug use is a means of living otherwise, of carving new paths of being where more traditional ones have been shut off. Without this recognition, we risk falling into the same trap as the turn-of-the-century sociologists and reformists in Hartman's book: of misreading, dismissing or silencing these hard fought for and radically experimental lives. Grappling with 'the power and authority of the archive and the limits it sets on what can be known', Hartman (2019, p. 1) develops her methodology of 'critical fabulation' which she previously elaborated in her essay 'Venus in Two Acts'. She 'wonders how to wring more from the archive', asking: 'What else is there to know?' (Hartman cited in Okeowo, 2020, n.p.). In wringing more from the interview, we must attune to it differently. This is vital to give Kim and other seemingly recalcitrant women who use drugs the space to express themselves instead of dismissing them as too 'hard to reach', 'difficult', 'troublesome' or even 'dangerous'. Indeed even when 'reached', their accounts may be overlooked as 'off-topic', 'inarticulate' or 'thin' thus lacking credibility. Challenging these dominant readings, we take seriously Hartman's contention that 'many of the people who have produced radical thought have not been imagined to be involved in the task of thinking at all' (Hartman cited in Okeowo, 2020, n.p.). Gathered through the processes we describe, next we piece together what we can of Kim's story.

Kim's parents emigrated from Jamaica to London during the 1950s as part of the 'Windrush generation' with the promise of a better life and stable work to 're-build Britain' after the Second World War. Instead, her family, like many migrant families of this generation, were met with menial work and racist laws, policing and attitudes. Kim does not speak much of her mother but her father, she says, was a labourer and 'drug smuggler'. He died when she was 13. Her two brothers also became involved in the drug trade and became significant figures in the community. As she explains, 'they were huge, big boys, both of them. Just leave it at that, they had a very big influence . . . in the community'. Around this time, and despite her brothers 'who totally were opposed to [her] smoking', Kim began smoking freebase cocaine (crack), and became a target of this 'influence'. As she explains, 'All they said was, "If we ever see you behaving like *that* person, you're finished. *We'll* finish you!"' (original emphasis). In referring to *that* person, Kim's brothers were pointing to one of their customers whom we imagine embodied the violences of the drug war: outcast and in poor health.

Kim goes on to explain how she moved into her own flat at a young age and became an 'easy target' for a male partner whose 'real angle' was to use her flat as a site for drug dealing:

I was seen as an easy target, someone to introduce this [freebase cocaine] to, by a male who was bang into it, a proper gangster, really. That was what was going on. I was naïve. . . . He wanted to use my flat to deal from. That was the real angle.

Reading between the lines on what might have been compounding these issues, it is likely that Kim would have been subjected to heavy policing since suspected possession of drugs is often used as an excuse for racialised police surveillance, violence and arrest (Cooper, 2015). In fact, the 1980s saw a series of clashes and uprisings between the police and black youth in this part of London largely driven by an increased use of 'sus'

(suspected person) policing as a form of racist discrimination by an overwhelmingly white police force. The Brixton Riots in 1981 were sparked by a mass stop-and-search operation known as ‘Operation SWAMP ’81’, which involved a ‘saturation of Brixton neighbourhoods with plainclothes police officers tasked with tackling street crime by, as the instructions given to officers demanded, “a concentrated effort of ‘stops’ . . . proceeded by persistent and astute questioning”’ (Scarman, 1982 cited in Waters, 2018, p. 175).

In this context of inequality, targeted police surveillance and civil unrest where race, gender and prohibition are imbricated in violent ways, Kim’s story can be read as an act of cramped resistance: living under multiple threats of servitude, physical violence, arrest and later on, a heroin dependence, she is resourcefully pushing open what ways of living she can.

### **Resisting the law, challenging ‘addiction’ discourses: Experiments in living**

Early on in the first interview, Kim queried the clause on the consent form explaining that all material would be kept confidential and would only be disclosed if required by a court subpoena. In response she registered her concern about the prohibitionist assumptions underpinning this clause:

I don’t really agree with that because the law [is] the reason why we are stigmatised and put in a box, because it’s unlawful to use so-called Class A [drugs]. It’s all a set-up in terms of trying to put addiction in a way that makes us a ‘no go’. . . . I would hope that you have nothing to disclose to ‘the Law’ about this, *nothing*, because it’s all down to interpretation and perception and pre-conceived notions [that drugs are bad]. . . . So any information that the law feels they need to know about is *not* in anybody’s interest who’s using drugs. (original emphasis)

For Kim, nothing good can come from disclosing information to the legal system which is at the heart of her criminalisation as a person who uses drugs. Prohibitionist drug laws have effectively turned addiction into a punishable offence: consigning people like her to the fringes of society or in her words, putting them ‘in a box’ and making them a ‘no go’: ‘The law puts us there!’ And with this slippage between the law (referring to prohibitionist drug policy and legislature) and ‘the Law’ (referring to enforcement agencies such as the police), Kim is not simply talking about the legal framework that makes drugs illegal, but the much broader and more pernicious infrastructure through which she is surveilled, policed and systematically othered. This is what drug user activists aptly characterise as the ‘war on people’ operating under the guise of the ‘war on drugs’ which positions the figure of the ‘addict’ as its primary target (Zigon, 2019). Within this prohibitionist context where neoliberal values of autonomy and rationality are idealised and their putative opposites, dependence and irrationality, are feared and denigrated, the ‘figure of the irrational addict forms one of the last remaining consensus Others’ (Fraser et al., 2017, p. 195) and as such is routinely stigmatised.

It is also telling that Kim uses the term ‘no go’ with its racist and legal associations, pointing to the importance of history for storying the here-and-now. ‘No-go areas or

zones' were terms used by the London Metropolitan Police in the 1970s (Mark, 1977, p. 36) to denote the geographical areas of large cities inhabited by people of colour that were considered dangerous for police to enter. Kim's use of it here highlights the way in which racialised minorities who consume freebase cocaine (crack) in certain areas of London have been heavily policed and criminalised (Eastwood et al., 2013). By using this language, Kim draws attention to the intersectionality of oppression (Crenshaw, 2008): the overlapping identity categories that co-constitute forms of discrimination and marginalisation, in this case in relation to the abject figure of the black female 'addict' who is multiply stigmatised by discourses of racialised difference, gender and prohibition (Campbell & Ettore, 2011; Carpenter, 2012). Indeed, as has long been noted in the sociological literature, experiences of addiction are socially produced, shaped by the intersecting dynamics of poverty, homelessness, gendered violence, trauma, racial and class inequality, and institutional neglect (Fraser et al., 2014; Pienaar et al., 2017; Zigon, 2019). From this position of the 'no go', Kim challenges this stigmatised and criminalised image that denigrates her choices and the versions of freedom she is enacting. In what follows, we look at the ways in which this configures alternative forms of choice, control and care.

However constrained, Kim makes clear that her drug use is *her choice* even if it is 'not by choice'. Referring to freebase cocaine or crack, she says, 'that's really my drug of choice. *Not by choice*, as I explained' (original emphasis). Connecting to an earlier discussion in the interview, she distinguishes between her everyday decisions to use drugs and the coercive, exploitative way in which she was introduced to them: 'I was living by myself in an apartment. I was young. I was obviously being eyeballed by other residents in the building and I was seen as an easy target.' As noted above, the man masquerading as a love interest introduced her to freebase cocaine in order to start dealing it from her flat: 'that was the real angle'. Kim describes a similarly pressured situation in which she was introduced to heroin.

There was this guy who I was selling it to and he would come to the house regularly every day after work and he would offer it to me and I would always say, 'No, I don't want any, nah, nah.' Until one day it was, 'Oh, all right, fuck it.'

Alert to these cramped conditions in which she was targeted in her teens and ground down in her thirties, Kim is protective of her choice to consume drugs. She resists the idea that these pressures and the daily struggles of using drugs in a society that outlaws them should somehow erase this choice: 'Although I'm getting rather tired of it, I still enjoy it . . . it's my choice.' Here she also implicitly challenges the association of addiction with compulsion and loss of control, stressing her agency and free will in consuming drugs. She then whispers to the interviewer (FD), imitating how she would like to talk to a representative of the legal infrastructure that admonishes her for consuming drugs, 'go to fuck!', and shouts, turning the judgement and gaze back on this imaginary figure: 'What are *you* doing?' (original emphasis). On our reading of this exchange, Kim is questioning the normative assumption that other people's choices are any better or less constrained than hers. As she sees it, the only difference is that her life choices are illegal and vilified: dismissed as immoral and pathological, they are denied any legitimacy as an experiment in living on her own terms.

Pushed to the outskirts of society, Kim describes a different kind of *mitigating system* that has controlled her drug consumption but one equally dominated by the spectres of patriarchy, paternalism and male violence: ‘There’s been this fail-safe from the beginning in my life and those were my two brothers.’ As noted above, appealing to the image of the abject addict, ‘All they said was, “If we ever see you behaving like *that* person, you’re finished”.’ And Kim shouts ‘We’ll finish you!’ to make sure the interviewer (FD) understands what this threat feels like. She continues:

At one stage I couldn’t buy no drugs, I wasn’t allowed to buy any drugs off of anyone on the road. ‘Don’t you dare sell to my sister’ . . . Yes, so I was ‘on notice’. I’ve been on notice since I was eighteen. I’ve been on notice that if I want to smoke, I have to still look the same as I did when I picked up that pipe.

Kim checks FD has understood and reiterates: ‘Right?! So I don’t go mad [with the drugs]. I behave myself.’ Highlighting just how problematic the law is to Kim, and the limits imposed on her agency under the guise of fraternal care, this brutal system of being ‘on notice’ to her brothers is still preferable to a life within the law or succumbing to the abject figure of the female ‘addict’: ‘I’d rather them [my brothers] fuck me up than the street and the drug fuck me up.’ In the face of this triple whammy of brutality – the way she was introduced to drugs, the threat of fraternal violence and ‘the law’ that treats her as a ‘no go’ – Kim is proud of how she manages to sustain her drug use, and care for herself and others, a theme we discuss in more detail below.

Kim’s account echoes the intractable challenges faced by Hartman’s wayward women: ‘the challenge was to figure out how to survive it, how to live in the context of enormous brutality, and thrive in deprivation and poverty’ (2019, p. 32). By extension, Kim’s drug consumption can be understood as an act of resistance in Hartman’s terms insofar as it is ‘an improvisation with the terms of social existence, when the terms have already been dictated, when there is little room to breathe’ (2019, p. 227). In other words, waywardness here, following Hartman, is ‘the untiring practice of trying to live when you were never meant to survive’ (2019, p. 228).

Kim talks about knowing ‘the game’ and having ‘a system’, a key part of which was turning to drug dealing herself: ‘I made a lot of money from it because I know the game.’ In this context she is well-known and perhaps even respected. For example, during one of the interviews, her phone goes off repeatedly and at one point she leaves to meet a customer. While Kim lives outside the bounds of the law, her practice is certainly not lawless. Wishing she had never been introduced to heroin, she stresses that she would not do the same to anyone else:

Unfortunately, I was introduced to it. It was a totally negative situation. I didn’t understand that, I never knew. I had no idea what I was being given and the long-term [effects]. (sighs) It was very naughty [of the guy I was dealing to. . .] I wish I wasn’t a heroin user. I don’t introduce anyone to heroin, anyone. [I would say] ‘fuck off, fuck off, fuck off. If you want to try this shit, you get it somewhere else, mate. Don’t come and ask me.’ They can then turn round and say, ‘Yes, Kim gave it to me first.’ Hell, no. Hell, no. No. No one can ever say I’ve introduced them to heroin.

Despite earning money from the sale of freebase (crack) cocaine and heroin, Kim is proud of her stance on this matter, which is shot through with frustration and anger at the conduct of those who introduced her to these drugs. We see these intense feelings resurface when Kim describes witnessing a friend overdose:

*Kim:* I watched my mate going over. She was going blue, I had to fucking slap her right quick, because it wasn't happening in my house. Fuck that, whack [imitating the sound of a slap]. 'Wake up. Fucking Stop it. Stop it.' That was it, she woke up. Bitch.

*FD:* She came round?

*Kim:* Of course, she did. She better had. I'd have killed her!

Reading these accounts together, it may not be the person who overdoses who is the target of Kim's anger (or even the person who supplied the drug), but rather a world that makes these drugs illicit and a source of violence, oppression and potentially life-threatening risk. Kim is furious that the drugs so enfolded in her life – which she consumes and sells, and from which she gains enjoyment, meaning and purpose – could also oppress and kill. She is resentful, as we have seen, towards 'the law' that pushes illicit drugs underground, making them open to exploitation and contamination. Kim is clear that this is not what her life is about. The overdose 'wasn't happening in [her] house'! Applying insights from the narcofeminist activist movement, we can read this statement differently.

In a storyshare project aimed at disrupting dominant narratives and stereotypes of women who use drugs (INPUD, 2022), four narcofeminists exchange stories and discuss the frustration that one woman expresses towards her friend who has overdosed multiple times. Rather than seeing her frustration as directed at her friend, they view it as directed towards the failures of prohibitionist drug policy, drug-related stigma and an unregulated heroin market that has allowed fentanyl to claim hundreds of thousands of lives in North America. As the author of the story explains:

It was easier to tell myself that my friend didn't care about life than to face the god-awful truth that we had so little control over this new fentanyl-contaminated environment . . . We're doomed because of a poisoned drug supply and the daily stigma which keeps us terrified of the hospital, unable to seek medical assistance. My anger, the pain, the hate I felt [towards my friend when he overdosed] it belonged to our policies, our drug war, a war on people, not my dear friend . . . Some people will hear this story and say drugs stole [my friend's] life . . . The fact is that policy stole his life. Hospital policy which left him to die of endocarditis. Hospital policy which required he had no friends or family in his room because he was a known injecting drug user. (INPUD, 2022, 44–45)

Applied to Kim's account, this situated reading generates a different set of affective and material possibilities. While Kim may sell drugs as a means of survival, she does not want to be associated with their potential harms. In this respect, the frustration evident in the account of her friend's overdose can be understood as an expression of the renegade acts of care (which may not always look like conventional forms of care) that are central to wayward living (Hartman, 2019; Honig, 2021).

## Resisting pathology, carving paths of manageability

Bound up with Kim's resistance to the dehumanising stereotypes of the 'drug user' is her rejection of the label 'addict', which confines her choices and what she can become. She is especially keen to challenge the respectability politics of different drugs (INPUD, 2022), specifically the denigration of freebase cocaine (crack) and the relative respectability of powder cocaine – refusing to succumb to the racialised, gendered stereotype of the 'crack user'. Instead, she points to the skill, enjoyment and 'systems' of embodied care and 'management' in which she engages. For example, when the interviewer (FD) refers to 'crack' in the interview, Kim is quick to correct her and explain the history of the term:

Well, it was called crack because a journalist saw and heard it [being] smoked and it made a crackling noise. That's the reason why it's called crack. It's a very derogatory term. It's not crack, it's freebase cocaine.

Kim objects to the use of the term 'crack' as a derogatory misnomer for what is more accurately referred to as 'freebase cocaine'. She highlights how 'crack' denotes a discursive rather than a pharmacological difference to the more acceptable powder cocaine. Kim points to how these discourses are also classed and gendered by mimicking a posh, masculine English accent to discredit powder cocaine use: 'I didn't like it though, I didn't want my nose to fall off. I just found it really quite shabby and I gave that up very quickly.' In satirically mimicking the stereotype of the affluent male cocaine user, Kim is inverting her pathologisation as a black woman who uses crack (freebase cocaine). Acutely aware of the overdetermined stereotypes of the 'crack whore' or 'crack mother' (Carpenter, 2012), she challenges this characterisation, explaining that it was only when freebase cocaine was sold in deprived areas home to racial minorities that it started to become negatively freighted: 'I'm telling you though, look, the lifestyle, before it was called crack, you would not know who was using cocaine. You had no idea. It was very cool.' Kim elaborates how freebase cocaine gained a negative reputation: 'There's an art to it all. What was done in the late '80s was they made it accessible to your average person . . . rather than it just being an elite drug.' Here, she is describing the skill involved in its manufacture – turning powder cocaine into a smokeable form – and its consumption. Valuing this history and culture of smoking freebase cocaine, Kim is scathing of the idea that cocaine may be injected. Putting on the tone of an authority figure, she asserts: 'No, no, no. You're not supposed to bang up [inject] cocaine. It's wrong and you're not supposed to. Period. Point blank. So anything to do with banging up cocaine, no. Not doing it.'

In affirming her preference for freebase over powder cocaine, Kim rejects societal perceptions that make powder cocaine more desirable and respectable by virtue of its association with white affluent professionals. Here freebase cocaine (or crack) is not simply the drug of necessity found on street corners and down back alleys but one that is chosen and enjoyed: 'I enjoy smoking [freebase cocaine]. I enjoy getting high. I enjoy that feeling. . . . I'm not going to kid myself, I enjoy using drugs. All right? I don't care. I enjoy it!' She knows that illicit drug use, particularly freebase cocaine use, attracts social opprobrium but rejects these normative judgements as she derives pleasure from

it. In doing so, Kim alludes to her desire to *live well with drugs* and distances herself from their more harmful materialisations. Like the black women in Hartman's *Wayward Lives*, Kim resists subjugation by pursuing 'productive, creative . . . deviations from the norm' (Hartman cited in Oekewo, 2020, n.p.).

Kim sees her drug use as part of a wider desiring complex of caring for her body. A vital part of this is cannabis:

I enjoy smoking. I enjoy getting high. I *enjoy* that feeling. Using the [cannabis] oil, I know it's helping me to stay well. I do batter my body, but I also know that I have to rest my body as well or repair it or help it repair. So using the oil, I know I'm helping it to repair, as well as eating well. (original emphasis)

Cannabis is built into this system of repair challenging the familiar dichotomies that divide recreational, illicit drugs from therapeutic, licit ones and pleasurable from problematic use. Notably, these dichotomies buttress dominant understandings of addiction as a disorder of compulsion: implicit here is a binary logic of order/disorder and volition/compulsion that reiterates the association of addiction with loss of control, incapacity and suffering (Pienaar et al., 2017). Kim's account suggests that these binary distinctions are empirically shaky since pleasure ('enjoy[ing] the feeling [of smoking cannabis]') can be experienced alongside its therapeutic benefits ('helping the body to repair'). This runs counter to the binary logic and dividing practices of biomedicine which seek to reinforce the putative harms of illicit drugs in order to legitimise the therapeutic value of licit, pharmaceutical drugs. Kim also goes on to question the commonplace assumption that once a person starts consuming freebase cocaine or heroin, this will become the most important drug in their life, supplanting any others: 'Cannabis is mainly my drug of choice. I have to have that, not *have* to, but I make sure I've got it all the time. I don't care what anyone says' (original emphasis). In stressing that she does not '*have* to' have cannabis, Kim implies she is not dependent on it, thus emphasising the ways drug dependence is contingent on access to a substance rather than an inherent property of the drug or the dependent person. This ontological distinction is also important in relation to Kim's opioid substitution treatment as discussed below.

Resisting images of the 'addict' who will supposedly stop at nothing to get a fix, Kim describes an embodied system for managing her consumption:

I have a system – with the cocaine you have to know when to stop, when to put it down. But at the same time, if I don't have it, I'm not going to go out there and do something that's going to put myself at risk or in harm or anything like that. I'll sit with it and, you know, you do without.

This is despite consuming large quantities of drugs:

I use a lot . . . Cocaine-wise, I think I use about a gram, a good gram a day, yes. Sometimes more, which is over £100 worth. Heroin, I could use up to, a day, about £100 worth.

Kim seems defiantly proud of managing this level of consumption as it challenges the idea that heavy drug use will lead to inevitable decline and misery. She is embodying a possibility for living otherwise with drugs. Furthermore, she is injecting heroin, which is the most

stigmatised mode of administering drugs: ‘Now, I’m banging up, mate.’ But again she clarifies to avoid the misconception that regular injecting has attenuated her agency: ‘But I don’t. . . I might bang up for a while and then stop. For a good while, though. You know, years, not months or days. I’m going through the banging up stage at the moment.’ Echoing the findings of related research on the fluidity and contingency of consumption patterns (e.g. Dennis, 2016; Dilkes-Frayne & Duff, 2017; Dilkes-Frayne et al., 2017), these accounts have enabled us to think of drug consumption as a process of ebb and flow, changing in response to different circumstances and inviting strategies for managing it: ‘Everything to do with my drug use has been a learning curve to where I’m at the point where it’s manageable. And I want to manage it, just like I manage other things in my life.’ In the next section we discuss how abstinence-based treatment narratives centred on recovery dismiss the possibility of managing heavy, regular consumption.

### Resisting treatment, refusing recovery

Kim’s rejection of dominant framings that stereotype her as a disordered, abject Other is perhaps most evident in her resistance to abstinence-based treatment, particularly in relation to the image of the addict on which it relies, and the punitive modes of control it authorises. Not only does she experience conventional forms of drug treatment as dismissing her own modes of living but ironically it is in these moments that a sense of dependence and loss of autonomy most starkly materialise.

As we saw in the epigraph, Kim is repeatedly encouraged to identify with an abject addict position in her encounters with the drug treatment system. She recounts her most recent drug worker ‘always wanting to get me into rehab’. This is based on ‘What *she* thinks I *should be*’ (original emphasis). Kim feels her decisions and concerns are ignored, with the implication that her life is not valid unless she ceases drug use. Moreover, the injunction to change relies on Kim accepting that something is wrong with her otherwise she is not ‘dealing with [her] issues’:

If you don’t declare that you’re like a piece of shit, you aren’t dealing with your issues. Well, excuse me, but I’m not a piece of shit. I use drugs. Get a grip. And the whole therapy is around you declaring you’re a piece of shit. That’s not nice . . . That’s just another brainwashing shit, fucking bollocks . . . Just look at the programme, look at how you’ve got to go in to really understand that you’re just being brainwashed.

Kim resists the kind of introspection and acceptance of a subject failing her drug service requires of her. She sees this as an affront to medical knowledge – ‘it’s an insult on doctors’ – and paints a damning picture of an inexperienced workforce and programme of brainwashing. Brainwashing is a telling descriptor as it points to an insidious process by which AOD treatment systems seek to strip her life of meaning and pathologise her as an ‘addict’. On an ongoing ‘learning curve’ with her drug use and driven by the pursuit of what she terms ‘manageability’, Kim desires medical assistance that recognises this becoming-with drugs, and values its embodied knowledge, skill and history rather than trying to change her based on a ‘misconception’ of her life.

This brings us to those aspects of treatment that Kim experiences as coercive and punitive, feeling the weight of her criminalisation and pathologisation. In terms that

capture her frustration with drug treatment systems, she recounts a recent experience where providing a ‘dirty urine’ sample meant she had to effectively start treatment again by being prescribed a much lower dose of opiate substitution medication and being subjected to supervised dosing at the pharmacy, often in view of other customers:

My drug worker sabotaged my [treatment] . . . I’ve been consistent for years [taking the same prescribed dose of opiate substitution medication [OST] and attending my appointments] and she wants me to start all over again because I gave a dirty urine [showing traces of illicit drugs in the urine]. [She wants me to] build up [the dose again] and be supervised [to take it]. I’m a fucking adult. Fuck you!

In addition to the surveillance associated with supervised dosing, it is also worth noting that the reduction in Kim’s medication dose would likely precipitate unpleasant withdrawal symptoms. This example highlights how treatment often functions as a disciplining practice rather than a practice of care (Zigon et al., 2022): it imposes punitive regulations on people who consume drugs. Indeed, a long tradition of sociological research has demonstrated how drug treatment acts as a form of social control and surveillance, deleteriously impacting social lives and identities. OST has been a focus of particular attention due to its onerous daily dosing regimens and requirements of abstinence, with studies offering probing analyses of its double-edged role as a tool of harm reduction and social control (e.g. Bourgois, 2000; Dahl, 2007; Fraser, 2006; Rance et al., 2012). In one of the first dedicated studies of the social dimensions of methadone maintenance treatment (a form of OST), Fraser and valentine (2008) argue that the punitive practices and dosing protocols of OST serve to govern people who use drugs and entrench institutionalised stigma. Those like Kim who are seen as not complying with the requirements of treatment are subject to sanctions such as supervised daily dosing and lowered OST doses. Kim recognises the infantilising impulse at work in these sanctions and stresses, ‘I’m a fucking adult’. She continues, elaborating on the ways in which treatment functions as a system of control:

. . . that’s how they *control you*. It’s wrong. I’ve a right to my medication and she’s controlling it, saying she’s doing the right thing. It’s so wrong and this is what I’m saying, they sabotage you because they think they know. Now there’s no law that says one has to be in this treatment, but they make out to you that, ‘Oh, if you don’t . . . we can do this.’ What kind of bullshit is that? Why? Why are you playing with me? (original emphasis)

Experiencing this as an abuse of power, Kim exerts what little freedoms she has and decides to leave treatment: ‘I don’t want to be treated like that anymore. So, I’ve said “fuck it”. I’ve told her to get lost.’

Kim’s refusal to engage with what she perceives as coercive medical systems extends to her experience of treatment at a psychiatric hospital:

I wouldn’t stay in the room in the hospital, on the mental ward. I *refused* to say, ‘I’m agreeing to this’, so I slept outside. I slept outside my room with my belongings and in the morning I said, ‘I want to see a doctor’, and they said, ‘Yes, all right’.

Anyway, it came to the rounds and I went into this room and there were twelve doctors or something in this room. And I had to say, basically, ‘I don’t need to be here, best let me go home. It’s not going to work.’ I just said, ‘It’s not going to work me being in, honest. It’s not going to work.’ Luckily, they let me go. (original emphasis)

Here Kim is railing against the infrastructures of treatment that make her feel more entrapped in a ‘patient’ or ‘addict’ identity. To stay in the hospital room would be to capitulate to the pathologising medical gaze and its construction of her as mentally ill, a psychiatric patient in need of treatment.

In offering this reading of Kim’s account we have sought to highlight some of the lively, dogged and powerful acts of resistance that she pursues within cramped conditions: living under multiple threats of servitude, violence, imprisonment, forced psychiatric hospitalisation, and drug dependence, Kim is pushing open new avenues for living with drugs that cannot simply be dismissed or punished as forms of pathology or deviance. She embraces the ‘learning curve’ of what a life with drugs entails and finds plains of manageability, employing her own systems of care and modes of survival that offer her independence and enjoyment in a world that seeks to curtail her choices. Here everyday acts of resistance and struggles for recognition can be understood as an experiment in freedom. As Hartman (2019, p. 237) puts it, ‘waywardness is an experiment in how to live where one might have had to ask “how can I live?”’

## **Concluding reflections**

If I went into old age and I was still smoking cocaine, I’d be a soldier. (Kim)

In June 2022, three years after first interviewing Kim, FD met with her again to discuss our reading of her story and clarify some elements of her account, in particular this reference in the earlier interview to being a soldier. Kim smiles, fondly remembering this description of herself: ‘I’d be a toughie, I’d be a real toughie. I’d be really proud of myself that I hadn’t bowed to social pressure – treatment and this and that and police.’ In other words, to enter old age still smoking freebase cocaine, Kim will be living, breathing proof of how one can live and even thrive with the kind of heavy, regular drug use that would attract the label ‘addiction’. She will have refused to succumb to the dominant image of the sick ‘addict’ that underpins drug treatment and prohibition. Asked how her drug use may have changed over the years: ‘It’s the same. I still love a good use-up but I’m getting older. I don’t know. . . Personally, I’d like to use until the day I die and that would be my choice.’

In the war on drugs, which narcofeminists and other drug user activists have aptly renamed a war on people, Kim is a surviving soldier. Fighting the violent oppressions of this war – her criminalisation, friends overdosing, exploitation, punitive treatment, stigma and multiple forms of marginalisation – she continues to survive and thrive on her own terms resisting the normative injunctions of drug treatment, mainstream society and prohibitionist drug laws. ‘Look, I can’t see myself stop smoking Class A drugs and I don’t see much reason why I should.’ As Hartman puts it, waywardness

obeys no rules and abides no authorities. . . . Waywardness is an ongoing exploration of what might be; it is an improvisation with the terms of social existence, when the terms have already been dictated, where there is little room to breathe. (2019, p. 101)

Kim is proud of her wayward existence that resists these ‘social pressures’ to abstain and conform to a neoliberal order, or what Zigon refers to as (the drug) ‘war as governance’ (2019, p. 5). Our aim here is not to romanticise Kim’s experiences with drugs but offer a reading of her life that takes seriously this resistance. We are particularly interested in how this invites a more expansive conceptualisation of freedom than that inherited from European, liberal, masculine models that rely on individual autonomy. For example, Kim offers an understanding of ‘choice’ that acknowledges the ways in which her introduction to drugs was infused with gendered violence, precarity and the ongoing legacy of racism while not detracting from her agency and desire to use drugs. In doing so, she articulates the constraints on individual choice and agency without denying possibilities for resistance. Like the narcofeminist activists we interviewed, we recognise the deeply racialised and gendered nature of the drug war on people and the image of the ‘addict’ on which it relies, which Kim highlights so powerfully. Prohibitionist drug policy is always already entangled with these multiple violences. Against this context, and keenly aware that she is challenging dominant discourses, Kim is concerned that she is not misunderstood, lest it harm her fellow service users: ‘Whatever I’m trying to say, it’s for the good of the user, the service user, alright, and I don’t want to be misconstrued or misappropriated.’ In terms that echo the philosophy of the international narcofeminist activist movement, Kim is advocating here for the ‘good’ of people who consume drugs, for their counternarratives of survival and resistance to be heard. ‘Good’ is a useful descriptor because it denotes both the ethical and pleasurable. Here we suggest Kim is doing more than advocating for the rights of people who use drugs, but also for their right to live *with* drugs rather than renounce them. In other words, she is advocating for subjugated ways of being, which prompts us to ask: what might we learn about women’s heavy drug use and refusal to engage in abstinence-based forms of recovery as cramped acts of creativity and rebellion in themselves?

Following the narcofeminist movement we argue that stories of women’s drug use have much to teach us about how to resist normative discourses and pursue alternative care practices. We are particularly interested in what these quotidian, yet powerful acts of refusal and alternative care practices can tell us about living well with drugs and the intimate forms of alter-prohibition worldbuilding that are often neglected in discussions of more formal drug user activism. As Kim says, ‘I looked after myself, I really tried to live well, eat well, do everything well, take drugs well.’ In reading Kim’s life story between and beyond the lines of the interview, we have sought to illuminate the crevasses where ‘wayward’ women like Kim are carving out fugitive spaces and practices of freedom in a hostile world. In the process, we hope we have disrupted common misconceptions about what it means to live with drug use and honoured the alternative realities that women like Kim are already living but that all too often we fail to see.

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## Notes

1. Notable exceptions that centre race in analyses of prohibitionist drug policy and drug use include Maher (1997), Miller and Carbone-Lopez (2015) and Tosh (2021).
2. Being met on ‘their own terms’, and ‘not on the terms that society wanted to see them’, is a way in which Hartman’s good friend and colleague, Tina Campt, describes Hartman’s historical writing on black women and girls (Okeowe, 2020).

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