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'The area I'm from is very rough': Drug users' views on the role of social and economic factors in their experiences of drug-related harm

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ABSTRACT

Over the last thirty-five years, academic researchers in Ireland have consistently demonstrated the relationship between social deprivation and the most severe instances of drug-related harm. More recently, researchers have begun to include the voices of drug users with lived experiences of harm in these discussions. However, these studies have more often tended to focus on drug users' views on alternative drug policy options, rather than their views on the social and economic factors relevant to their experiences of drug-related harm. Therefore, the current study conducted 12 in-depth interviews with drug users experiencing harm in an Irish city, in order to elicit their views on the specific role they believe social and economic factors played in conditioning their later experiences of drug-related harm. The study participants highlight harms experienced in the education system, the family home, and the local community as more relevant to their later experiences of drug-related harm than their social deficits in education, a lack of resources in the local community or in their families. Many participants also discuss meaningful relationships as the last defence against these harms and argue that the loss of such relationships coincided with their most severe incidences of drug-related harm. The study concludes with a discussion of the conceptual framework of structural violence in terms of its potential for interpreting the participants' views and suggests several avenues for further research.

Introduction

Prior to the 1980s, there was little serious or sustained concern (public, governmental, or academic) with problematic drug use in Ireland. While Walsh (1966) had found some evidence of amphetamine use, and other researchers noted the use of cannabis and LSD (Masterson, 1970; Nevin et al., 1971), neither those studies nor other indicators of drug use (arrests, seizures, treatment data, etc.), had suggested anything more than minimal

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and sporadic use. However, beginning with newspaper reports and concern among social and healthcare workers (see O'Gorman, 1998), it became clear that opiate use was becoming much more widespread, at least in certain parts of Dublin (late 1970s). Interestingly, numerous epidemiological research studies across the following two decades, consistently demonstrated that opiate use was heavily concentrated in the most marginalized and socially deprived communities in Dublin City (Bradshaw, 1983; O'Gorman, 1998, 2005).

In the decades since, several epidemiological studies, government policy documents, and researchers conducting policy-based analysis have firmly established that while drug use is common among all social groups, deprivation measured by high unemployment, high crime rates, low levels of educational attainment, and family dysfunction, is associated with the most severe incidences of drug-related harm (see O'Gorman, 2005 for an overview). While the social and economic factors which are associated with drug-related harm in Ireland have been well established in the research literature, comparably less attention has been paid to drug-users' understandings of the role these factors play in conditioning experiences of drug-related harm within the context of their own lives. Admittedly, much ethnographic (see Mayock, 2000, 2005; O'Gorman, 2005, 2016) and policy based (Bastos, 2012; Tyndall, 2020) research has examined the lived experience of drug-related harm in risk environments (e.g. deprived communities), however, this participant observation-based methodology has not directly sought to elicit the views of drug users on the role they believe these social and economic factors have played in conditioning their own experience of drug-related harm.

In light of this gap in the literature, the current study conducted 12 in-depth qualitative interviews with drug users experiencing harm in Cork City and was guided by one central research question:

1. What views do the study participants express in relation to the role of social and economic factors in conditioning their experiences of drug-related harm?

By drug-related harm the current study refers to persistent patterns of drug use contributing to loss of employment, valued relationships, housing, imprisonment[1], treatment, and/or negative health outcomes. This working definition was preferred for several reasons. Firstly, the Irish literature, and the current paper, is usually less concerned with those who have experienced a single or small number of acute health or social complications as a result of substance use. Instead, the literature (and this paper) is more concerned with those who experience these persistent difficulties. While addiction has been the concept that has historically been preferred

when discussing these populations, there are reasons for avoiding this. Most prominently, the status of addiction as a disease or disorder is a hotly contested issue (see Heather et al., 2022). Therefore, its use may distract from the study's central aim of examining the participants' views on the effect their experience of social and economic disadvantage had on their later substance influenced difficulties.

Overall, the participants viewed these social and economic factors as conditioning their experiences of drug-related harm through a lens we might call structural violence (see Farmer et al., 2006; Galtung, 1969). That is, they highlighted experiences of harm within the education system (particularly emotional and physical abuse), harms related to community disadvantage, and family histories of poverty, domestic violence, and drug-related harm as causing them harm, demonstrably curtailing their agency, and ultimately conditioning their later experiences of drug-related harm. Crucially, the participants seemed to highlight that their experiences of structural violence were more relevant to their experiences of drug-related harm than the fact that they lacked a sufficient level of education, lived in a high crime area, or came from dysfunctional families. In academic terms, they highlighted experiences of structural violence as being more relevant than their respective social deficits.

Structural violence refers to the social arrangements and developments that put individuals and populations in harm's way or demonstrably curtail their agency (Farmer et al., 2006). Such arrangements are structural because they are embedded in the political-economic and socio-cultural organization of the social world, and they are violent because they harm and impose limitations on people who, in general, are not responsible for perpetuating such inequalities (Farmer et al., 2006). As we will see, the study participants' views on the role that social and economic factors played in conditioning their experiences of drug-related harm, can be fruitfully analyzed through the conceptual framework of structural violence.

The current paper makes a contribution to the literature by foregrounding drug users' views on the social and economic factors relevant to their experiences of drug-related harm. The next section will review the Irish and international literature, to place the current study within the overall research corpus. After outlining the methodology that was employed, the results of the current study will then be presented. In the final section, these findings are discussed, and some conclusions are offered.

Literature review

While the 1960s and 1970s witnessed the first formal governmental and academic discussions and responses regarding drug use in Ireland (see Butler, 1991), the 1980s represents a watershed in Irish history. As

mentioned, from the 1980s to the 2000s, numerous research studies emerged linking the most severe incidences of drug-related harm to the deprivation and marginalization experienced by inner-city communities in Dublin (Bradshaw, 1983; O'Gorman, 1998, 2005). Indeed, the Irish Government enshrined the link between drug-related harm and deprivation into official government policy responses in 1996 (Irish Government, 1996), a view that has been reiterated to a greater or lesser extent ever since (Irish Government, 2003, 2007, 2019). The 1996 report dealt primarily with heroin use in Dublin and used this epidemiological data from the Health Research Board to present color-coded maps showing that drug problems overlapped with other indicators of deprivation (Irish Government, 1996).

This research is supported by ethnographic research which examines drug use in deprived communities (for example: Cronly, 2011; O'Gorman, 2005, 2016; Mayock, 2000, 2005), as well as drug use among other marginalized groups including Irish Travelers (Fountain, 2006; Van Hout, 2009), as well as mothers who use drugs (Woods, 2008) and drug users experiencing homelessness (Mayock & Carr, 2008; Van Hout and Horan, 2015).

These ethnographic studies have built on the older literature demonstrating the social and spatial clustering of drug-related harm in deprived communities (see Cronly, 2011 for an overview; O'Gorman, 2005), by providing an understanding of how macro-level structural factors shape and are shaped by, micro-level environments, as well as the impact this multidirectional process has on drug-related harm. For example, Woods (2008) demonstrates that drug-using mothers have an identity described as 'precarious'. Their social interactions with family members and treatment providers often play out within a broader context of gendered expectation, social stigma, and inequality, and impacts how the women viewed themselves and their parental ability.

Furthermore, Mayock's (2000, 2005) longitudinal ethnographic study of drug use in an inner-city community in Dublin emphasized the complex social negotiations involved in the drug transitions of young people. That is, young people in disadvantaged social settings (macro-level) frequently initiated heroin use in outdoor settings close to their house, and almost always in their home neighborhoods (micro-level). Moreover, male heroin users were more likely to initiate use in the company of an older male criminal associate, while females were most likely to initiate use in the company of an older male intimate partner, reflecting the gendered pathways into drug-related harm in the context of deprivation.

While the views of those who use drugs have been represented and advocated for by organizations such as UISCE[2] at a policy level[3], more recently, academic studies in Ireland (Bulter and Mayock 2021a, 2021b;

Healy 2021; Healy et al., 2022; Leonard & Windle, 2020) and internationally (Askew & Bone, 2019; Darke & Torok, 2013; Osborne & Fogel, 2017) have sought the views of people who use drugs on matters of drug policy. For example, Windle and Leonard (2020) found that drug-using participants linked problematic drug use to economic deprivation and social exclusion. Their study participants also favored several harm reduction measures including supervised injecting facilities and drug decriminalization. Meanwhile, Butler and Mayock (2021a) have highlighted methadone maintenance users' experience of a disconnect between policies aimed at promoting social integration and recovery, and practices that make this impossible to attain given the marginal status of addiction services in the Irish healthcare system. Similarly, Healy (2021) and Healy et al. (2022) have examined the narratives of those who engage with Methadone Maintenance Treatment (MMT) in Ireland. They have found that despite addiction and related services (including MMT) being represented as a public health issue at the level of government policy and rhetoric, the narratives of many clients did not correspond. Instead, clients highlighted distrust, a lack of partnership and autonomy, and an overall lack of agency associated with their experiences of stigma as MMT clients.

While the concept of structural violence has been widely researched, only a handful of studies have examined the concept as it relates to drug-related harm (see Galvão et al, 2018; Rhodes et al., 2012; Shannon et al., 2008 Bourgois, 2009). For example, Bourgois (2009) argues that the interplay of forces of structural violence such as the gentrification of the inner-city in San Francisco, the war on drugs, racism, poverty, and exclusion, contribute to creating a highly precarious population of heroin injectors in San Francisco. Furthermore, Rhodes et al. (2012) demonstrate how HIV risk among injecting drug users and sex workers is more an effect of social, political and structural violence than a function of individual risk or decision making. Most relevant to the current study, however, is the work of Galvão et al. (2018). This study collected data from interviewing fifteen people under treatment for behavior relative to alcohol and illegal drugs. Their participants highlighted violent structures of gender discrimination, poor schooling, socio-economic marginalization, and exclusion associated with insufficient and inadequate public policies. As we shall see, the findings of this study are very similar to the views expressed by the research participants in the current study, and like the current study, the findings seem well suited to the conceptual framework of structural violence.

Overall, in the last 50 years, several remarkable contributions have been made to Irish drugs literature, a literature that was practically non-existent prior to the 1980s. Firstly, the literature has identified that the most serious incidents of drug-related harm have an identifiable social and spatial

clustering (see O'Gorman, 1998 for an overview) and that treatment data and capture-recapture data further supports this clustering (see Comiskey, 1998 for an overview). Moreover, qualitative ethnographic research has demonstrated the interplay between macro and micro-level mechanisms and processes in conditioning drug-related harm in deprived neighborhoods and among marginalized populations (see Cronly, 2011; Mayock, 2000, 2005; O'Gorman, 2005; Woods, 2008). More recently, research has sought to understand the views of drug users regarding drug policy and drug services (see Butler & Mayock, 2021a, 2021b; Leonard & Windle, 2020). The current study seeks to build on this literature by examining the views of drug users regarding the social and economic factors that researchers in Ireland, Britain (Parker et al., 1988; Pearson, 1986, 1987), and America (Bourgois & Pearson, 1995; Reinerman & Levine, 1997), have identified as being contextually important to later experiences of drug--related harm.

Methodology

As mentioned, the current study's central aim was to examine whether (and if so in what way) the participants viewed social and economic factors as relevant to their later experiences of drug-related harm. More specifically, the paper was concerned with drug users' views on the social and economic factors the Irish literature has highlighted, and the specific ways they believe these factors may (or may not) have been relevant to their later experiences of drug-related harm. The current author conducted 12 in-depth (interviews were between 90-180 minutes) semi-structured interviews with people who were currently experiencing the most severe effects of drug-related harm (i.e. drug use leading to treatment, health complications including overdose, loss of familial and interpersonal relationships, workplace dismissals, and in some instances homelessness) in Cork City, Ireland.

The study participants used a wide range of different substances, though all were poly-substance users. However, most participants' used heroin and/or cocaine alongside benzodiazepines as well as alcohol. Some participants had ceased using drugs prior to the interviews and were in recovery, while others were still experiencing drug-related harm. Whether a participant was still using drugs or sober was not an inclusion/exclusion criterion, and no major differences of note were detected between those in recovery, and those still using substances[4].

The interview schedule was based on Seidman's tripartite interview structure (see Seidman, 1998). This method comprises three sections. The first section discusses general biographical experiences, the second discusses experiences of drug-related harm, and the third invites the participants

to draw meaningful connections between the first two sections (i.e. links between biography and experiences of drug-related harm). To the current author's knowledge, Seidman's (1998) approach has not previously been utilized in interviews with drug users. This is somewhat surprising as it seemed to be highly suited to discussions relating to drug-related harm. In particular, discussing participants' general life story in section one, before mentioning substances, seemed to build rapport and gave the impression (correctly) that the interviewer viewed the person empathetically and holistically and was not simply interested in hearing deconstextualised 'horror stories' pertaining to drug use. Relatedly, attempts to draw meaningful connections between life history and drug-related harm in section three likely reinforced this view after the 'horror stories' were actually discussed.

The interviews were conducted in an informal setting, in a room provided by a homeless service. Participants were recruited from two settings, one a residential treatment facility in the Munster region, and the other was a homeless service. The first, as mentioned, was a residential treatment facility operating in the Munster region. The treatment services offered are primarily based on the Minnesota Model (see Andersen et al., 1999), which can be described as an institutionalized form of the 12-step model, operating alongside confrontational style methods[5], counseling, and meditation. The treatment center operates according to an abstinence-based philosophy, and all in-patients must be fully detoxed from alcohol and drugs before they are admitted. The site was chosen as it is the largest residential facility operating in the area. The second site was a non-governmental organization that catered to the needs of homeless individuals in Cork City. This charity provides emergency accommodation, outreach services, drug services, as well as other health services. In terms of its addiction services, it operates according to a "trauma-informed care" paradigm (Mahon, 2021), while still advocating the use of 12-steps and residential treatment where it is felt this would benefit the client. A trauma-informed approach acknowledges that health care organizations need to have a full picture of a person's life situation — past and present (including past experiences of trauma) — in order to provide effective health care services with a healing orientation.

This site was chosen on the basis that it could provide access to homeless drug users in Cork City. While some authors have noted that approaches based on the 12-steps tend to de-emphasize social context (see Reinarman, 2005), and thus we may expect to see less emphasis placed on social and economic factors among participants from the first site, this did not materialize. Indeed, there was no consistent difference between participants from different sites on this matter. Crucially, the issue of the influence treatment modalities and philosophies have on participants' views

on the factors relevant to their experiences of drug-related harm is a related (but different) question, and is certainly one that future researchers should examine. Ultimately, the current author felt that the influences on, or origins of, the participants' views was a complex epistemological question beyond the scope of the current paper.

The interviews which informed the case study utilized a purposive sampling strategy (Lavarakas, 2008). That is, a wide range of participants, with particular social and economic characteristics, were targeted. Indeed, as Green et al. (2015) point out, purposive sampling is widely used in qualitative research for the identification and selection of information-rich cases which can provide comprehensive insights into the phenomenon of interest. Participants were included in the study if they had come from communities of socio-economic disadvantage (participants named the community they were from and this was checked against the Pobal deprivation index[6]: https://maps.pobal.ie/), were willing to participate, and had experienced severe instances of drug-related harm (e.g. drug use leading to loss of employment, imprisonment, homelessness, and/or overdose). Purposive sampling was also used in that a variety of participants were sought out in order to achieve a balance based on the following inclusion criteria: age, gender, and duration of drug use. Out of the 12 participants, four were female and eight were male, they were evenly spread across their 20s, 30s, and 40s; and finally, their duration of drug use ranged from eight years to 20.

While other factors such as sexuality and ethnicity would have been relevant to the study question, it proved difficult to access members of these communities (perhaps due to increased levels of stigma), and given the limited time related scope of the study these populations could not be included. This is certainly a limitation and the current author hopes future studies could engage these populations in research relating to the current study's research question (and indeed concerning drug use and experiences of harm more broadly).

As previous research (most notably Davies, 1992) has argued that the views expressed by drug-using participants in interviews and treatment settings are as much an interpersonal achievement of the interview/-counseling process as a reflection of objective reality, the current research does not deny nor proclaim their objective truth. Rather, the current study simply presents them as a contribution to ongoing discussion and debate in the field. Indeed, as some researchers have noted, the views of those who use drugs problematically have been historically absent from these discussions (Askew & Bone, 2019). While the final section of this paper will examine some research that speaks directly to the views expressed by the study participants, this is not intended to assess whether they are "true" representations of reality, but rather to provide contextualization.

The interviews were audio-recorded and transcribed verbatim. Transcribed interviews were imported into NVivo qualitative data analysis software. The transcripts were then analyzed thematically, and text pertaining to individual themes was grouped together in particular nodes. There were three dominant themes/nodes that form the basis of the findings presented in this paper. These are (1) experiences of harm in the community; (2) experiences of harm in the family; and (3) experiences of harm at school. While other nodes such as political detachment and harassment by law enforcement and social services also emerged, these themes were not as strong or as uniform across participants. That is, while participants discussed these issues they were keen to stress that experiences in the family, community, and school were more relevant than the impact of social services or law enforcement. This may be due to participants having more personal emotive connections to these fields due to interpersonal relationships, while the other two are maybe seen as impersonal bureaucratic agents of harm, thereby eliciting less discussion. Regardless, as the question concerns the participants' views, these two themes are not considered in the paper.

Ethical approval was granted by the University of Manchester Research Ethics Committee. All names have been anonymised, and all participants have signed consent forms and been assigned pseudonyms. In order to protect participants and address the issue of the potential for re-traumatisation, informed consent was collected before each interview, participants were asked open ended questions and reminded that they could choose to not speak about an issue if it was too upsetting or uncomfortable, and a trained addiction counselor was on site for all interviews and followed up with participants afterward. Finally, the current researcher also underwent training with the National Center for Social Research in London, regarding interviewing potentially vulnerable participants.

Researchers (see for example Anderson & McNair, 2018) have noted that marginalized drug users can be distrusting of researchers and can often give responses they feel are appropriate and expected (i.e. responding in ways they feel the interviewer/counselor will find appropriate). While the current author has not experienced a comparable level of drug-related harm as the study participants, he does have a family history with numerous comparable examples of drug-related harm. Moreover, the current author is from Cork city originally and grew up in a marginalized community (like the study participants). Therefore, while the current author does not have the same insider access as authors with direct lived experience (e.g. Leonard & Windle, 2020; Wakeman, 2014), he has experienced many of the same risk factors as the study participants, and therefore, has some level of relevant cultural capital. Upon reflection, this cultural capital did enable for more relaxed and informal interviews than may have

otherwise been possible. However, it should also be recognized that this element of lived experience may also have led the author to be more sympathetic to arguments in favor of structural violence than an author from a more middle-class background, who may have had more positive experiences in the institutions and social contexts discussed. Ultimately, I view my lived experience as contributing to the production of neither superior nor inferior research, though it certainly led to the production of a different type of research (see Bryman, 2016).

Findings

As mentioned in the methodology, data analysis identified three dominant themes in participant's interviews. These are (1) experiences of harm in the community; (2) experiences of harm in the family; and (3) experiences of harm in school. The sections which follow will present the results from the 12 in-depth qualitative interviews with drug users experiencing harm in Cork City. We will begin with experiences of harm in the education system.

School based harm and trauma

Broadly speaking, the available epidemiological and treatment data in Ireland indicates that a lower level of educational attainment and early school leaving are associated with drug-related harm (see Cronly, 2011 for an overview). However, what is unclear from this data is why so many people from deprived communities leave school early, and what it is specifically about this decision that influences later experiences of drug-related harm. Therefore, the current study sought to explore the ways in which the participants' experience in the education system may be significant in terms of their later experiences of drug-related harm. In terms of interview questions, participants were simply asked to discuss anything about their experience in the education system which they felt was relevant to the interview questions (participants were informed of the link between low levels of educational attainment and drug-related harm in the research literature).

For example, when I asked Collette about her experiences in school, her first reaction was to discuss abuse at the hands of Catholic nuns who served as her teachers. She says her experiences in school were:

> Horrendous! My earliest memory actually is a nun. My mother used to give us bananas, and to this day I am allergic[7] to bananas, but they'd be black by lunch time like, so I'd throw them in the bin and that nun used to make me take them out and sit down and eat them in front of the whole class to humiliate me. So that's my earliest memory of school, I hated school, absolutely hated it.

Similarly, when asked to discuss his experiences in school David high-lighted particularly abusive experiences during field trips to the local swimming pool:

> I used to dread going to the swimming pool though after what I witnessed there in the dressing rooms. I used to dread that and for a while they had us going 5 or more times a week like, especially when Brother Burn was around. He wasn't there often they'd send him away for 6 months or so and then he'd be back for six months and he was a fucking nightmare so he was. Thank God the cunt is dead you know he was a nasty man. He really did beat the shit out of me like. So, I witnessed him making a young fella give him a blow job.

Patrick describes similar physical abuse at the hands of a schoolteacher:

> There was one particular brother, he was a Christian Brother, and he made my life hell. You know he really did because my self-esteem was low at the time and I hated going into school. I broke out in a rash because that's the fear this brother put into me. I didn't like school and one day he asked me to do a sum on the board and I did the sum and I got the sum right but in front of the whole class he smacked me across the face and you know I felt like a piece of chewing gum, a piece of dirt on the ground, and at that young age my self-esteem was knocked do you know. I carried that for a long time, and that story is only one example of that.

Indeed, while most participants described explicit harm they experienced in the education system, some simply highlighted neglect in terms of being excluded from class for prolonged periods. Ryan describes this neglect as follows:

> I was constantly being thrown out of class and sent to the principal's office. I was a bit of a class clown because I was acting out over what was going on at home. Nobody ever asked the question of why I was acting that way though I was just treated as a scumbag and sort of put to one side.

As mentioned, it is unclear from this epidemiological and treatment data why exactly these populations leave school early, and what it is specifically about this decision that influences later experiences of drug-related harm. However, several qualitative research studies in Ireland have sought to investigate this issue in depth (see Cronly, 2011; Mayock, 2000, 2005; O'Gorman, 2005). For example, O'Gorman (2005, 2016) highlights that while 1/3rd of the Irish population leave school early, the figure is as high as 72% in some of the deprived neighborhoods she analyzed. She points to research conducted by McSorley (1997: in O'Gorman, 2005) which argues that young people who leave school early experience multiple stressors in the home such as unemployment, poverty, parental separation, depression, violence, illness, imprisonment, and parental death. Furthermore, O'Gorman (2005) points to research that notes that the academic content and organizational structures of school do not meet the needs of poor

and disadvantaged students. Moreover, the chasm between a middle-class oriented curriculum, taught by middle-class teachers, was seen to have little relevance to everyday life in working-class neighborhoods and served to deepen feelings of inadequacy.

Similarly, Cronly (2011) notes that the decision to leave school is often preceded by negative experiences in the educational system, experiences which often exacerbate difficulties in the family home. Cronly (2011) also points out that at times leaving school can be seen as an act of rebellion, an attempt to construct oneself as a "messer" or "rebel" in opposition to the humiliation experienced by punishments (suspension, detentions, etc.) within the education system. Ultimately, according to this study, early school leaving, and poor academic performance are a consequence of numerous interconnected factors including poor concentration, disruptive behavior, withdrawal, and experiences of early adversity.

Finally, Mayock (2000, 2002, 2003) reports that her study participants typically gave as reasons that they were unjustly treated, were never given a chance, and hated school, for their decision to leave school early. Interestingly, however, Mayock (2000, 2002, 2003) reports that while many of her participants left school early, the reason for leaving was crucial for future outcomes. For example, students who left school to take up apprenticeships, or to work with family members, were less likely to experience drug-related harm. However, those who went on to use drugs and those who used drugs problematically, were more likely to report experiences of harm and disadvantage as reasons for leaving school early. While the majority of the study participants in the current study left school early, and most reported that like Ryan, and Cronly's (2011) participants, they were regularly acting disruptively and being removed from class, this was not the central reason given for leaving school early.

Crucially, while the study participants reported that multiple stressors at home had influenced their negative experiences at school and decision to leave, they placed most emphasis on explicit harm they had experienced at the hands of teachers and the educational system more broadly. As with Mayock's (2000, 2002, 2003) findings, participants reported that many of their friends had left school early, gained employment and led relatively productive and fulfilling lives. However, the study participants argued that when combined with harm experienced in the family home, the harm they experienced in the school system led to further experiences of suffering and trauma[8], and ultimately led to the search for a valued identity and relief from suffering in the world of criminal and drug using networks.

Crucially, a recent insider account (Leonard, 2021) written by a Cork based Criminologist who has experienced this type of school-based harm, and also has past experiences of drug-related harm, corresponds to the views expressed by the study participants. That is, mirroring the

experiences of 'Ryan' (and indeed the other participants), the author was labeled a 'thug' and a 'scut' by teachers rather than provided with support (the author's father had been imprisoned in this period and he was experiencing mental health difficulties: see Leonard, 2021) and assistance when his behavior in school became disruptive. Indeed, a recent study (Cambridge, 2019) based on qualitative semi-structured interviews in Cork City which recruited participants from the same communities as the current study, also concluded there was a strong relationship between the experience of educational harm and later experiences of crime and drug-related harm. The author of this study also placed this finding within the context of communal disadvantage (Cambridge, 2019). Accordingly, the next section concerns itself with the community relations of participants to examine their broader social networks.

Community harm

Participants in the current study came from communities that are designated as disadvantaged, very disadvantaged, or extremely disadvantaged by the Pobal deprivation index[9]. Indeed, the Irish literature notes that drug-related harm clusters in communities with high crime levels, poverty and poor-quality social housing (see O'Gorman, 2005; Stevens, 2011). In line with this literature, most participants highlighted experiences of harm in the community as being influential in terms of later experiences of drug-related harm. When asked to describe the community he came from Ryan responded by stating:

> I'm from [area Cork City]. So, I suppose the area I'm from is very rough. There was a lot of crime around where I lived, a lot of robbed and burned out cars, a lot of I suppose domestic violence, all of that sort of stuff - anti-social behaviour, all that kind of stuff really… the bad influence was definitely there like. I was definitely influenced by the people around me, things might have been different if that bad influence wasn't there.

Similarly, when I asked Collete about the community she came from she responded by advising me to:

> Stay away from it. It's very clannish, very miserable like. You know, I kind of feel it in the town myself sometimes like the feeling of "oh get me out of here. There's a lot of crime and domestic violence and just general violence.

Finally, when I asked Connor to describe the community he came from, he described his experiences of gang violence while he was dealing drugs:

> Where I'm from is very tribal … The area I'm from is fighting with the areas all around and vice versa. There was a lot of fighting, and to make it more confusing if you're dealing in one of the areas you're dealing in all of them, so how are you

going to get your product out, to places like [name], [name], and [name]… the settled Travelers in [area] would be shooting at you if you tried to deal, or dragging you out of cars.

It seems then that the study participants' experiences are in line with the available research literature in Ireland, the UK (Stevens, 2011), and the US (Bourgois, 2009), in that being from high crime areas, with a high level of general disorder was significant in terms of later experiences of drug-related harm. However, an important issue remains. That is, how the macro-level structures of socioeconomic deprivation are shaped by neighborhood environments, and impact upon the process by which drug-related harm develops. Several qualitative studies in Ireland have addressed this issue and outlined some of the contextual influences on the development of drug-related harm within structural contexts of deprivation. For example, Fountain's (2006) analysis of drug-related harm among Irish Travelers highlighted how the macro-level structures of social exclusion and disadvantage, interacted with contextual factors such as stigma, cultural barriers to accessing drug services, and easy access to drugs, to produce high levels of drug-related harm in the Traveling community.

Meanwhile, McElrath's (2001) study of drug-related harm in Northern Ireland highlights how macro-level forces associated with social exclusion and the legacy of the Troubles, interact with contextual factors such as involvement in criminal networks, drug availability, and involvement with drug-using peers to produce high levels of drug-related harm in northern working-class communities. Finally, as mentioned in the literature review, gendered contextual factors such as involvement with older male criminals (men), and having intimate relationships with older drug users (women) were often contextual factors that interacted with deprivation to produce drug-related harm (see Mayock, 2000, 2002, 2003; O'Gorman, 2005; Stevens, 2011).

In relation to the current study participants, the findings regarding the relevant micro-level contextual factors are in line with the available research. That is, all the male study participants were introduced to drug use, especially "hard" drug use by older drug-using associates, while females were typically introduced by intimate partners. Furthermore, stigma, drug-using peers, drug availability, and involvement in criminal networks were also important contextual factors. However, while participants highlighted these factors, most placed more emphasis on the loss of meaningful pro-social relationships. For example, David argued that his decision to begin using heroin was precipitated by the discovery that his fiancé was having an affair.

> I caught her cheating when we were planning to get married and that really destroyed me. That's why I don't get into relationships anymore. That wrecked my head, and that's where the heroin use and homelessness came out of.

Similarly, Ryan reports that a phone call he received while in prison, informing him that his mother had given up the keys to the family's council house, and that his family was now dispersed, was a key reason in his escalating heroin use and eventual homelessness:

> "I got a phone call when I was in Cork Prison saying my mother had given up the keys to the family home. She had enough because my brothers were selling stuff out of it and she couldn't control them. I completely lost my head after that and ended up on the streets when I got out".

Finally, Colette reports that the loss of her children to the care system precipitated an escalation in her drug use, and eventual homelessness:

> So, I was two years, and then eventually the kids were gone, the house was gone, and after that I was up in Cork City on the streets taking tablets and smoking heroin.

In conclusion, the participants' experiences are in line with the available epidemiological and treatment data in that the majority come from communities experiencing severe socioeconomic deprivation. Furthermore, in line with the available qualitative research (see O'Gorman, 2005; Cambridge, 2019), stigma, gender-based systems, criminal networks, drug availability, and drug-using peers were all contextual factors that were linked to participants' experiences of drug-related harm in the community. However, a novel finding which the study participants placed most emphasis on, is that their experience of the most severe instances of drug-related harm were almost invariably precipitated by the loss of meaningful pro-social relationships. In lieu of this, the paper now examines participants' experiences of harm in the family.

Family

The Irish literature highlights familial problems as being associated with drug-related harm (see Cronly, 2011; O'Gorman, 1998; 2005). However, statistical associations alone cannot reveal very much about the lived experience of familial problems, and the ways in which these condition later experiences of drug-related harm. Therefore, participants were asked to discuss their family life in general, and to consider the ways in which family life may have impacted on their experiences of drug-related harm. Each participant highlighted significant experiences of harm in their family of origin. Parental alcohol problems, domestic violence and poor mental health were familial experiences that participants highlighted as being important to their later experiences of drug-related harm. Collette, for

example, stressed that her parents suffered from alcoholism and mental health issues:

> Well early memories … well there was addiction in my house anyway. My dad was an alcoholic. My mam … was very angry like with the situation. She was married young like, she was 18, six months pregnant with my sister and then she had me right after at 19 so there were two babies, a dad that was a raging alcoholic, so the early memories would be a lot of violence, a lot of addiction. I don't have any good memories to be fair like …

In a similar vein, Ryan also highlights parental alcoholism and mental health issues:

> My mother's an alcoholic. So, when I was growing up I started to realise there were problems. I was kind of confused, like what's going on and all that kind of stuff. I suppose in my childhood there would have been a lot of fear. I've seen a lot of things I shouldn't have seen. I created a lot of my own fear, it was fear of the unknown and then that fear became known because I knew what was going to happen I expected something. I picked up off my mam's behaviours the way she used to do things. Like she did a lot of self-harming and things like that.

Connor also highlights parental alcoholism as well as domestic abuse and a lack of protective relationships:

> Growing up my dad would have been a functioning alcoholic. So, there would have been a lot of emotional and mental abuse. There were a lot of head games going on with my dad and my mother. My earliest memories are all arguments. My mother hated drink because her parents were alcoholics. My mother rarely drinks, if she does it'd be once a month. She might have one or two glasses of vodka and that would be her night out. She can do that. But my dad used to drink morning noon and night and work two jobs, while drinking to get the money to fund that. My earliest memories growing up would be my dad drunk, there was lots of arguing, and then there'd be head games and mind games with my mother. He was very gifted with his hands; he was a tradesman. So, he'd tamper with the car so it wouldn't work, he'd hide the wedding ring for months on end. He'd put double locks on the door so he could lock her out. All this stuff went on at an early age. There would be a lot of verbal abuse as well

Finally, Tracy highlights parental alcoholism which leads to regular arguments between her parents:

> My dad was always in the pub, he was never there, and even though he was never violent my mother would always be giving out to him when he came home. So there would have been a lot of arguments.

The experiences revealed by participants appear to chime with the available qualitative ethnographic research. For example, O'Gorman (2005, p. 21) points out that "One of the starker findings of this study was the extent of drug problems within the families of heroin users". She goes on to highlight that over 2/3rds of the heroin users she interviewed had a

family history of alcohol and/or drug abuse. Indeed, nine out of twelve people in the current study had a parent with an alcohol or drug problem, and most participants highlighted this as being highly influential in conditioning their later experiences of drug-related harm. Relatedly, Mayock (2000, 2002, 2003) also found that drug takers and problem drug takers were significantly more likely than abstainers to be living in a family where a parent had a problematic relationship with alcohol or drugs.

While the experiences of the participants in the current study match the qualitative research in that parental alcohol/drug misuse was a key factor highlighted in later experiences of drug-related harm, there were additional findings that should be discussed. That is, if we add domestic violence, mental illness, and suicide, to the list of harms experienced in the family, all study participants have experienced one or more of these issues. If we view these issues separately, it may seem that they are examples of intra-familial harms. For example, in a section of their book review of Alexander's (2008) work on the globalization of addiction, Jordan and Butler (2011) apply his theory of dislocation to Ireland. They point out that while some studies in deprived communities have found a prevalence rate of heroin use among those aged between 15 and 24 as high as 10%, this also means that 90% did not use heroin. They propose that though the external environment is quite harsh, the protective influence of families is important, and attention should therefore turn to these enhancing familial support factors.

However, given that convincing research evidence exists that suicide (Hagedoorn et al., 2020), severe instances of mental illness (Lee et al., 2020), and domestic violence (Khalifeh et al., 2013) tend to cluster more prominently in deprived areas, it seems likely that these are symptoms of structural violence. Moreover, there is convincing evidence in an Irish context that family networks have been key to drug-related violence, and that this is also an outcome of social and economic deprivation (see Hourigan, 2015). Therefore, while not denying the importance of protective family relationships, it seems likely given the aforementioned research, those from deprived communities who are not experiencing drug-related harm may still be experiencing a range of other negative social and familial problems such as the ones mentioned above. Therefore, it does seem that structural violence is the most appropriate lens through which to view these experiences, and that advocating for alternative structures may be more fruitful than focusing on enhancing protective familial factors.

Discussion

The current study was guided by one central research question: "what views do the study participants express in relation to the role of social

and economic factors in conditioning their experiences of drug-related harm?" In line with the available epidemiological and statistical research literature in an Irish and international context, the current study's participants identified several social and economic risk factors as being contextually important in their development of patterns of drug-related harm. These risk factors were a lower level of educational attainment and early school leaving, conflict in the family home (e.g. domestic violence, abuse, mental illness, parental experiences of drug/alcohol-related harm), and community deprivation. The current study also explored the specific ways in which the study participants believed these social and economic factors were related to later experiences of drug-related harm in some detail. As such there are several key findings detailed below:

Findings: implications for Irish literature

Education

In line with Cronly's (2011) findings, the study participants' decision to leave school early was related to their disruptive behavior and disinterest in school. However, while most participants highlighted disinterest and disruption, as well as family stressors as factors that contributed to their decision to leave school, they placed most emphasis on experiences of harm in the education system. This harm was physical, sexual, and/or emotional. While some of this harm could perhaps be a legacy issue arising from Ireland's history of abusive Catholic institutionalization (see Buckley, 2016), many of the younger participants experienced emotional abuse also. This typically took the form of aggressive chastisement and or demeaning comments such as calling students "scumbags" or "low-lives".

This counts as structural violence for a few reasons. Firstly, the study participants come from deprived communities where the percentage of students who go onto third-level education is already well below the national average[10]. This coupled with the class biases inherent in the curriculum and education system more broadly, already disadvantages working-class students, curtails their agency, and puts them in harm's way (see Farmer et al., 2006). However, the current participants seem to be of the view that educational harm, compounded experiences of family harm and harms experienced in the community, placing them on a trajectory toward the most severe instances of drug-related harm.

Community

In relation to community, the current study participants expressed views in line with the available Irish qualitative research literature (see Cronly, 2011; Mayock, 2000, 2002, 2003, 2005; O'Gorman, 2005, 2016; Woods,

2008). That is, male participants tended to be introduced to hard drug use by older male criminal associates, while female participants tended to be initiated by older drug-using intimate partners. Other contextual factors which mediated the relationship between social deprivation and drug-related harm included stigma, drug-using peers, drug availability, and involvement in criminal networks. However, the current study participants placed most emphasis on the loss of meaningful relationships. That is, most participants expressed the view that a loss of a meaningful relationship precipitated their most severe experiences of drug-related harm.

This finding complicates the picture somewhat in that it seems that participants are suggesting that these meaningful relationships had served as a bulwark against drug-related harm, and their loss meant that they were without defense against the traumatic impact of experiences of structural violence in the family, school, and in their community. This finding may suggest the need for more research on the relationship between the existence of meaningful relationships and drug-related harm in Ireland.

Family

As regards family, while the experiences of the participants in the current study match the qualitative research in that parental alcohol/drug misuse was a key factor highlighted in later experiences of drug-related harm, there were additional findings that should be discussed. That is, if we add domestic violence, mental illness, and suicide, to the list of harms experienced in the family, all the study participants have experienced one or more of these issues. It seems highly plausible that structural violence is the most appropriate lens through which to interpret this finding. That is, if we view all these issues separately, it may seem that they are examples of intra-familial harms. However, as mentioned above convincing research evidence exists that suicide (see Hagedoorn et al., 2020) severe instances of mental illness (see Lee et al., 2020), and domestic violence (Khalifeh et al., 2013) tend to cluster more prominently in deprived areas, it seems highly plausible that these are symptoms of structural violence. Ultimately, the clustering of these social problems in deprived areas has a clear basis in socio-economic inequality and is evidence of structural violence.

Findings: implications for the international literature

Education

The findings of the current study also have several implications for international literature. For example, a systematic review of the international

literature examining the relationship between early school leaving and drug-related harm (Townsend et al., 2007) found that there was firm evidence of the link between both variables. The review goes on to argue that of all the studies reviewed internationally, the most consistent finding is that different forms of deviant behavior (crime, drug-related harm, etc.) co-vary because adolescents who hold non-conforming attitudes and values, and whose attempt to establish their identities as independent adult persons, are more likely to be engaged in a variety of non-conforming behaviors. In short, it is a lack of mainstream values and attitudes that explains the relationship between drug-related harm and early school leaving. However, it seems that the participants in the current study did not really adopt nonconforming attitudes and values. For example, when participants discussed the importance of valued relationships, the use of money to purchase consumer goods, and their hopes that the future would consist of children, marriage, and the acquisition of property, it is difficult not to consider them as on some level adopting mainstream attitudes and values.

Ultimately, participants were of the view that harms in the educational system were more important than their lack of appropriate attitudes and/or values. Indeed, the participants' views are in line with recent scholarship (Wacquant, 2022) that has linked views which highlight different norms and values as being crucial to the origin of a range of social problems, to the debunked notion of the 'underclass'.

Community

Research from the United States (e.g. see Reinarman & Levine, 1997), as well as from Britain post-1980 (e.g. see Pearson, 1986), has revealed a strong association between social deprivation and the most severe instances of drug-related harm. Meanwhile, at the individual level psychological research has also revealed how adverse childhood experiences in the family, school, and community can contribute to later experiences of drug related harm (see Felliti et al., 1998). As mentioned, the experiences of the study participants are in line with this literature. However, as Wakeman (2014) has pointed out, outbreaks of drug-related harm are most often responses to cultural contexts, but also the smaller cultural contours found within them. For example, Parker et al. (1988) found that the outbreak of heroin problems in 1980s Britain was indeed associated with social deprivation but tended to be more prevalent in locations where there were preexisting criminal networks and informal economies to support them. While the study participants placed more evidence on the loss of meaningful pro-social relationships than on the existence of preexisting criminal networks and informal economies, there may be a way in which both issues are related. That is, in the period from the mid-1990s-2000s, the Irish

economy experienced rapid economic growth coupled with widening inequality (see Allen, 2007). Simultaneously, several social housing policy instruments encouraged the better off sections of the Irish working class to vacate social housing estates, for the private rented market (see Hourigan, 2015). These twin processes led to a residualisation of the social housing stock so that only the most precarious sections of the working-class remained in socially deprived neighborhoods.

In the same period, Ireland witnessed a widespread shift in its relationship to Catholicism. From occupying a central role in the meaning-making structures and civic institutions of the Irish state, Catholicism has now lost most of its power and influence in Ireland (Inglis, 2014). Within this context, it may be plausible to argue that with the loss of an all-- encompassing meaning-making structure, rising inequalities and deprivation, and a residualisation of the social housing stock, meaningful pro-relationships become the last protection from the trauma associated with structural violence. The idea that meaningful pro-relationships provide the last protection against the trauma of structural violence is well supported by the rehabilitation and desistance literature's (see Weaver, 2016 for overview). This research demonstrates that developing pro-social relationships can help people in their journey's out of crime and harmful drug use. Indeed, this is also supported by the relevant recovery literature (see Best, 2019, 2020). Interpreted in this context, the study participants' emphasis on meaningful relationships relates well with the available Irish and international literature on the relationship between social deprivation and drug-related harm. However, it should be pointed out, that while participants emphasized the importance of valued relationships, they did not mention this broader political-economic and social -cultural context. Obviously, this issue requires much further investigation and is only raised to place the study findings into a broader context.

Family

There is a large international literature demonstrating the relationship between familial dysfunction and drug-related harm (see Straussner & Fewell, 2018), and indeed as mentioned, there is also a sizable domestic literature (see O'Higgins, 1998). While the findings of the current study are in a sense in line with this literature, it is argued that familial dysfunction needs to be interpreted through a broader lens. That is, while familial experiences of domestic violence, alcohol and/or drug abuse, suicide, and abuse are indeed correlated with drug-related harm, the participants in the current study emphasized that familial harms were confounded by harms experienced in the education system and in the community. Given that literature demonstrates that these social problems

are far more prevalent in socially deprived communities, it seems that familial problems cannot be separated from the broader social, cultural, communal, and educational context. Therefore, the current study has opted to interpret the study participants' experiences through the lens of structural violence. Indeed, several authors in an international context have come to a similar conclusion (Bourgois, 2009; Farmer et al., 2006; Galvão et al., 2018).

Conclusion

Previous research suggests that recommendations for legislative change often center on personal experiences (Askew & Bone, 2019). At a minimum the current research indicates the need to introduce robust trauma-informed teaching practices (see Mahon, 2021) that acknowledge individual suffering, and structural violence, as part of the standardized training for primary and secondary school teachers. Mahon (2021, p. 367) broadly defines trauma informed systems as any system that "realises the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation". Indeed, recent research in an Irish context (Delaney, 2020) demonstrates that educational settings may mitigate against the adverse effects of trauma by adopting whole-school trauma sensitive approaches.

The need for this is also revealed in research conducted in Cork city homeless services (Lambert & Emerson, 2017) that has demonstrated the benefits of adopting trauma informed practices and principles. This approach can also enable teachers to recognize that the attitudes, behaviors, and dispositions typically seen as challenging, are more appropriately seen as a response to harmful familial and communal experiences rooted in structural inequalities. Undoubtedly, this would be preferable to the demeaning and harmful experiences the current studies participants reported in the education system. Moreover, the results of the current study and O'Gorman's (2005, 2016) findings also indicate a need to reform the educational curriculum in order to render it more relevant to the lived experience of working-class students.

In terms of the community context, while recent attempts to regenerate (Cambridge, 2019) disadvantaged communities are to be welcomed, they need to be accompanied by far more extensive redistributive social and economic policies, if the entrenched and intergenerational issues of social and economic deprivation are to be successfully tackled. Indeed, the structural violence witnessed in schools, communities, and families, is intimately

linked to socio-economic inequalities. While it is beyond the scope of this paper to specify precisely how structural violence and socio-economic inequalities are to be overcome, it is likely that drug-related harm will not significantly decrease until structural violence and socio-economic disparities significantly decrease. Indeed, while this paper has argued in favor of trauma informed practices being introduced in schools, this is undoubtedly hampered by socio-economically imposed austerity measures which stretch funding and teaching resources. Therefore, intervention at the structural economic level is as (if not more) vital than intervention at the familial, educational, and communal level.

In terms of future research, the current study follows Windle and Leonard (2020) in suggesting that the views of those experiencing drug-related harm should be more widely included, preferably in many diverse geographical and social locations. This is important because though Askew and Bone (2019) have noted that drug users differ in their views on drug-related harm and drug policy, participants in this study expressed more uniformity in their views and this may not be the case in other geographical and social locations. This may involve a collaboration between academic researchers, drug user advocacy groups such as UISCE, as well as other interested parties. Indeed, this approach has been supported by recent publications (see Lynch et al., 2021), and the inclusion of drug users voices and narratives framed around a human rights discourse has been supported by advocacy groups (2021; Healy et al., 2022). The current author would also like to see how the views of recreational drug users, and abstainers differ from those experiencing drug-related harm as regards this study's central research question.The notion that meaningful relationships serve as the last defence against trauma and structural violence is a novel finding in an Irish context and is a proposition that future research could test.

Finally, as drug researchers in Ireland, we have consistently demonstrated that drug-related harm and deprivation are linked, and it now seems that at least some of those experiencing drug-related harm agree (see also Cambridge, 2019; Leonard, 2021; Leonard & Windle, 2020). Therefore, going forward, we have an obligation to specify precisely what we mean by social deprivation, and to examine why some communities are deprived. The current paper agrees that drug-related harm clusters in disadvantaged communities but prefers the term structural violence to social deprivation or exclusion as the participants recounted harm experienced as being more important than their lacking an education, coming from a "dysfunctional family"; and argued that the loss of meaningful relationships was at least as important as living in a deprived community. Indeed, drugs research internationally has more recently tended to frame drug problems as related to harm and violence rather than a social deficits model (see Bourgois, 2009; Leonard & Windle, 2020; Rhodes et al., 2012).

However, while the current author is of the view that structural violence is the most appropriate lens through which to view these experiences, he is not trying to "prove" that structural violence is the most appropriate lens through which to view all drug-related harm in Ireland or further afield. Indeed, research in Ireland that has drawn on the concept of social exclusion and risk environments has been quite instructive (O'Gorman, 2016). While the central aim of this paper was to foreground drug user's views, it is also hoped that going forward policy makers and researchers will move beyond the pragmatic common-sense understandings of drug-related harm that have dominated the Irish drug policy landscape (see Butler, 2007; O'Mahony, 2019).

Ultimately, while pragmatism has its benefits, there is a danger that in not specifying what we mean by deprivation or stating why certain communities are "deprived", that ideologically motivated policymakers may deploy common-sense understandings of deprivation to insist on tougher Law Enforcement measures against drug users, due to the link between deprivation and drug-related harm. Indeed, while the most recent Irish drug policy document (Irish Government, 2019) does highlight deprivation, socio-economic factors are significantly de-emphasized in favor of a more overt focus on reducing demand through education and rehabilitation. Obviously, this is a much more limited view of the socio-political measures needed to tackle deprivation and highlights the limitations of relying on common sense understandings also. Another risk is that Ireland's politically conservative culture may (and many would argue already has) treat the voices of drug users in a tokenistic fashion, as simply one more useful voice among many. Ultimately, by collaborating with drug users and placing their views front and center, and being precise in our theorizing, we can more robustly inculcate our research findings from being co-opted in the service of punitive and moralistic actors and organizations.

Notes

1. It is fully recognised that much of the harm associated with drug use and imprisonment stems from current regulatory regimes that criminalise drug use, as opposed to drug use per se. Nonetheless, people who only experience difficulties with their alcohol use also sometimes experience imprisonment (albeit at lower levels). So, while this point is recognised some level of drug-related harm leading to imprisonment is related to drug use per se.
2. UISCE is the Irish language word for water, as opposed to an abbreviation. They are the Irish national advocacy service for people who use drugs.
3. See the organisations website: https://myuisce.org/uisce-work-with-us/#
4. One difference not directly relevant to this paper is that those who were abstinent while often highlighting the same social and economic impacts and factors, also discussed the importance of personal responsibility in their recovery. As this issue

is quite complex it will not be considered in this paper.

5. This usually involves treatment providers and other people in treatment confronting a person with the harms they have caused to others. This may involve forcing the person to admit infidelity, that they harmed their spouse or children, that they have been blaming others when they were at fault, and general attempts to coerce the person into accepting personal responsibility for the consequences of their drug use.

6. Participants were included if they came from a community characterised as disadvantaged, very disadvantaged or extremely disadvantaged.

7. This is local slang for a strong dislike or aversion rather than an actual medical allergy.

8. Trauma here refers to the individual level experience of suffering linked to structural violence.

9. https://maps.pobal.ie/WebApps/DeprivationIndices/index.html

10. https://www.newcross.ie/3524-2/

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