

# UNDERSTANDING THE SOCIAL

## EXCLUSION-PROBLEM DRUG USE NEXUS

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During the 1990s, the use of the term ‘social exclusion’ became popular in European social policy discourse as an attempt to describe and encapsulate the development of ‘new’ social problems which were seen to be related to experiences of material deprivation and disadvantage.

Despite some justifiable criticism of the term for its vagueness and its appropriation as a politically expedient ‘catch-all’ phrase, it has provided researchers with a useful framework for investigation. For example, in the field of poverty research, the adoption of a social exclusion approach encouraged a shift in focus, from counting the poor and measuring the extent of relative deprivation to developing a qualitative understanding of the processes and mechanisms whereby people become marginalised and socially excluded.

### **The drugs-deprivation connection**

Seminal drugs research studies conducted in England and Scotland in the 1980s (Haw, 1985; Peck and Plant, 1986; Pearson et al., 1987; Parker et al., 1988) had linked problem drug use to various indicators of deprivation. Similarly, in Ireland, data such as the annual report on treated drug misuse (O’Hare and O’Brien, 1992; O’Higgins, 1996), capture-recapture studies (Comiskey, 1998) and community studies (O’Kelly et al., 1988) had consistently indicated the spatial overlap between concentrations of problem drug users and concentrations of people experiencing multiple disadvantage in Dublin’s inner-city and outer estates.

However, there was a perceived need for additional research to expand on these findings and broaden our understanding of how such experiences of deprivation and drug use were mediated at an individual level, in order to determine how interventions could be most appropriately targeted. A social exclusion approach, with its stress on the dynamic, multidimensional and processual nature of phenomena, provided the framework for conducting such a study. Furthermore, the social exclusion focus on the institutional mechanisms expelling individuals, households and communities from society encouraged the location of the problem drug use phenomenon as a consequence of structural, rather than individual, pathology — a view which was a guiding principle of the research study discussed here.

### **Designing the research study**

The study set out to explore the relationship between heroin use and social exclusion in Dublin by focusing on the dynamic of social processes and structural forces and locating the perspective and experience of the heroin users within the context of the social and economic structures in which they lived and operated.

The ontological basis for this study stemmed from the critical theory perspective of 'reality' shaped by social, political, economic and cultural forces — a reality which was to be explored through an interpretivist methodology. However, in order to develop a research design which would tease out the multiple factors at play in the social exclusion-problem drug use dynamic and which would elicit an understanding of both the micro perspective of individual 'experiences' and 'meanings' and the macro perspective of social 'structures', it was necessary to utilise multiple data sources. Consequently, in order to capture the complexities of the phenomena involved, the research methodology developed along the lines of a 'field strategy that simultaneously combines document analysis, respondent and informant interviewing, direct participation and observation and introspection' (Denzin, 1970, p. 186).

The study's methodology was further influenced by a body of works ranging from those of interactionists such as Becker (1963) and Lindesmith (1947) on the social processes of drug use, to the sociologists of the Chicago school (e.g. Shaw and MacKay, 1942), who had combined analyses of area statistics with ethnographic studies to explore 'deviant' lifestyles, and also to the work of critical ethnographers such as Willis (1977), Westwood (1984) and Bourgois (1995), who had located qualitative evidence within a critical framework. Subsequently, the final research design focused on data collected from the following sources (O'Gorman, 1999):

- an initial round of 'information' interviews with statutory and voluntary workers in the drugs and related fields in the Dublin area;
- a series of in-depth, loosely structured interviews with heroin users;
- ethnographic studies of neighbourhoods with visible drug scenes (incorporating informal interviews with heroin users, residents and relevant service providers in the area);
- an analysis of existing indicators on drug use, disadvantage and social exclusion; and
- a review of related social and economic policy.

### **The in-depth interviews and ethnographic studies**

The methodological focus on how structures are understood and meanings are interpreted and reproduced, and how both constrain and enable social action, was operationalised in the in-depth interviews through an interview schedule which set out to capture the disparate elements identified as belonging to the social exclusion dynamic.

For example, Ryan (1998) had placed the location of social exclusion in the breakdown of socially integrative mechanisms such as the labour market (jobs and income), the State system (access to education, health, housing and social services) and the family and community system (social networks).

Geddes (1995) had identified social exclusion as the inability to fully exercise social, cultural and political rights to employment, health and education, or to secure a minimum level of income. Consequently, the interview schedule was drawn up to reflect on topics concerning neighbourhood, family, social networks, employment, and education and training, as well as drug-using behaviour and the development of a heroin career.

While data from in-depth, flexible interviews impart a degree of 'ethnographic context' (Schwartz and Jacobs, 1979), this context was further expanded in the ethnographic studies of neighbourhoods with prominent heroin scenes. In these studies, long-term relationships were established with both heroin- and non-heroin-using residents, which allowed the informal ethnographic interviews and the in-depth interviews to mutually inform each other over space and time. In turn, both these data sources mutually informed the (mostly quantitative) data on social exclusion, drug prevalence and related policy.

### **Multiple data sources**

The use of such multiple data sources is not without methodological complications. Triangulating data from different sources is, for example, viewed by Silverman (1985) as a methodological contradiction for research conducted within an inter-pretivist paradigm, in that it implies that partial views can simply be added together to produce a complete picture and is thus based on the (positivist) assumption of multiple mappings of a single reality.

However, while attempts to adjudicate between accounts/data gathered in different settings may indeed fall into this methodological trap, there is a plausible case to be made for understanding each account in the context in which it was produced, and for such accounts to mutually inform each other.

Using multiple data sources to explore the social exclusion-heroin use nexus was additionally useful in ensuring that the relationship between individual lives and social structure was not sidelined (Brückner, 1995) and that respondents' meanings and experiences were located within social processes and structural forces. Without such multiple sources, the study ran the risk that its focus on 'the underclass' would reinforce 'the received wisdom that it is in such groups that the "problem" is to be found' (Hartnoll, 1992, p. 16).

### **Conclusions**

A key 'sensitising concept' (Blumer, 1969) leading the research study concerned the 'tangle of pathology' (Rainwater, 1967) that arose in neighbourhoods, largely

through ill-judged planning, housing, economic and social policies and decisions about the distribution of resources. An analysis of both policies and indicators of spatialised social exclusion (1) helped elucidate how urban environments reached a process of 'critical mass' (Fischer, 1980), whereby a sufficiently large population of similarly situated individuals generated a set of social conditions over and above the sum total of individual deprivation.

In such settings, individual drug-using careers were seen to develop in a more dysfunctional way, with the ensuing local prevalence of problem drug use further exacerbating conditions for all residents and resulting in a powerful, mutually reinforcing, dynamic of the social exclusion-problem drug use phenomenon. Such findings have clear policy implications by adding empirical support to existing calls for drugs policy to:

- be more cognisant of the environmental context of drug misuse (Advisory Council on the Misuse of Drugs, 1998);
- note the interplay between individual behaviours and the context which helps shape them (Stimson, 1995); and
- focus more on rectifying the failures of society and institutions rather than implementing corrective measures aimed at the individual (MacGregor, 1996).

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### **Acknowledgements**

This study was funded by the Health Research Board, Ireland. The views expressed are those of the author and do not necessarily reflect the views of the Board.

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(1) The local indicators analysed included: residents' age profile; levels of educational attainment; concentration of public housing; proportions of people in the labour force, in employment and unemployed (all three being necessary to get a 'truer' picture of local employment); as well as the nature of local employment (skilled, semi-skilled, unskilled).

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