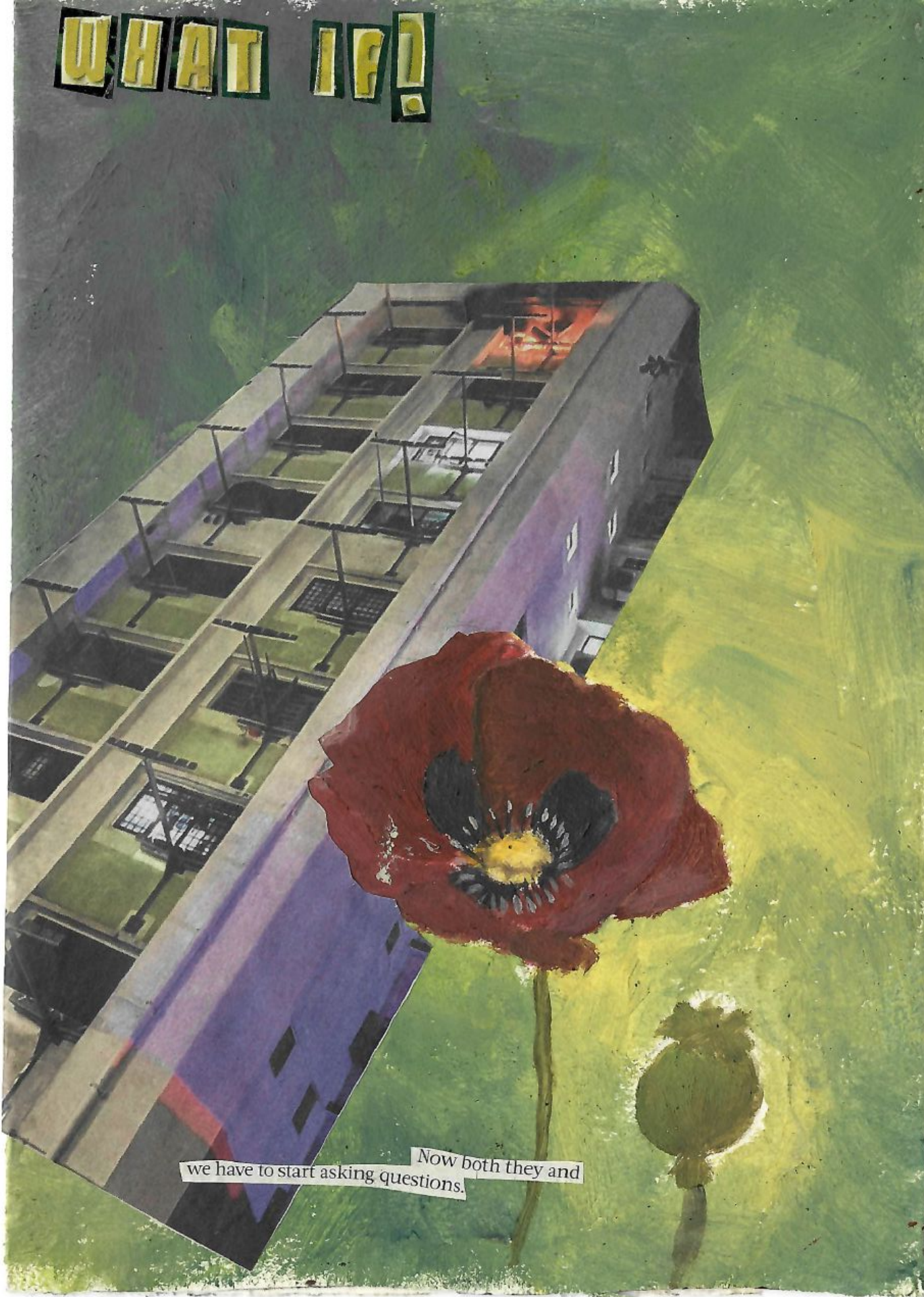


WHAT IF?

Now both they and we have to start asking questions.



EVERYONE HAD DIFFERENT RELATIONSHIPS WITH DRUGS AND THAT'S OKAY?

After my girlfriend left me, I began heavily using meth; I wanted to seek help from clinics but couldn't afford it; I eventually started using meth IV, and it got bad.

to the point of needing to seek help at the hospital. I was caught the second time and sent to DRC.

I began using marijuana at 15, got caught in NS and was sent to the detention barracks. It did not make me regret my choices and I continued to consume marijuana openly, spoke up about the benefits of it and got caught a second time. Fast forward to present day, I still speak highly of marijuana.

THE INDIVIDUAL ASSESSED THEIR RELATIONSHIP WITH DRUGS TO BE HEALTHY, AND THIS DID NOT CHANGE WITH POLICING.

THE INDIVIDUAL WAS UNABLE TO SELF-REGULATE AND LOOKED FOR EXTERNAL SUPPORT, BUT WAS DENIED IT, AND THEY FELL DEEPER INTO AN UNHEALTHY DRUG RELATIONSHIP.

I started with ecstasy at 16. I used marijuana functionally for winding down, but had severe difficulties managing ice, especially with injecting.

I lost 25kg & realised it could kill me.

I managed to go for rehab in Thailand & my situation is now more stable.

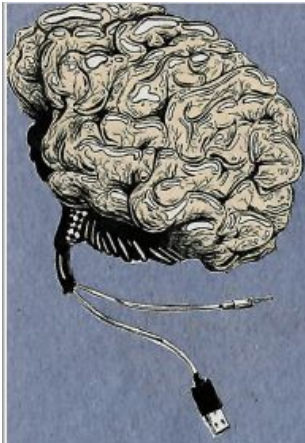
THE INDIVIDUAL RECOGNISED WHICH DRUGS THEY COULD HAVE HEALTHY AND UNHEALTHY RELATIONSHIPS WITH, SELF-REGULATED BY SEEKING REHAB AND SUPPORT GROUPS.

AFTER MY FIRST DRC CONVICTION, I DIDN'T INTERACT WITH DRUGS FOR SLIGHTLY MORE THAN 2 YEARS.

I STARTED USING AGAIN TO HELP ME WORK, AND WAS ABOUT TO GET ENGAGED AND A PROMOTION.

WHEN I GOT A KNOCK ON MY DOOR FROM CNB, AND I TESTED POSITIVE FOR USE 7 MONTHS PRIOR.

THE INDIVIDUAL HAD A MODERATED RELATIONSHIP WITH DRUGS PRIOR TO THE INTERVENTION.



... HEALTH WASN'T ABOUT THE OBJECT BUT OUR RELATIONSHIP TO IT?

ACTIVITIES THAT, AT TIMES, ARE GROUNDING & LIFE-GIVING, CAN CAUSE MENTAL, EMOTIONAL AND PHYSICAL STRESS IN UNHEALTHY AMOUNTS.



"We shouldn't feel shame over such things."



OBJECTS TRADITIONALLY VIEWED AS UNHEALTHY - LIKE ALCOHOL -



CAN BE HEALTHILY CONSUMED IN REGULATED AMOUNTS.



HEALTH & HEALTHY RELATIONSHIPS COULD BE A SPECTRUM. IT IS POSSIBLE THAT WHAT MAY BE VIEWED AS 'HEALTHY' BY SOME COULD BE VIEWED AS 'UNHEALTHY' BY OTHERS, AND VICE VERSA. SOMETHING COULD ALSO BE CONCURRENTLY BOTH.

MULTIPLE DIMENSIONS OF HEALTH (USED TO BE CONSIDERED CEG ARTISAN, MENTAL, EMOTIONAL) BUT THE LESS TANGIBLE OFTEN GET SIDELINED.

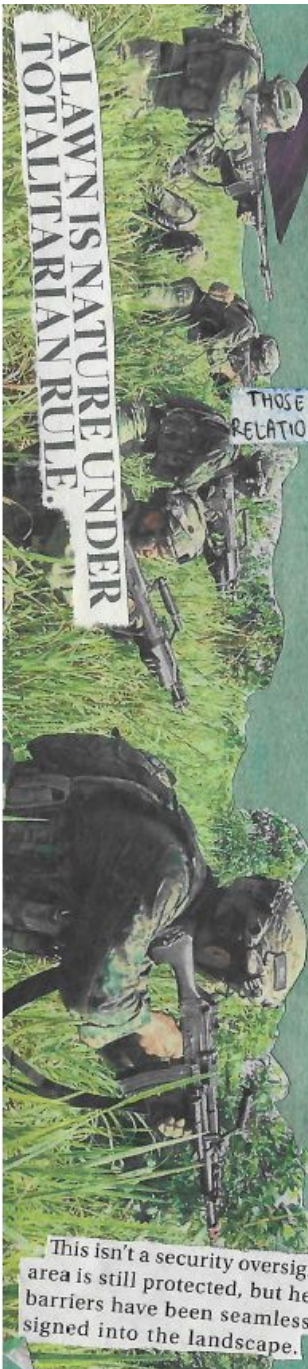
WHAT IF IT'S POSSIBLE TO HAVE HEALTHY RELATIONSHIPS WITH DRUGS?



IN EXCESS, EVEN TRADITIONALLY HEALTHY ACTIVITIES - LIKE EXERCISE AND CLEAN EATING - CAN BECOME UNHEALTHY



ALAWNIS NATURE UNDER
TOTALITARIAN RULE.



... EVERYONE HAD ACCESS TO CHOICES?

OUR CURRENT SYSTEM OF CRIMINALISATION IS FOUNDED ON THE NOTION THAT THERE IS ONLY ONE "RIGHT" PATH AND EVERYONE SHOULD CONFORM TO THAT PATH, REGARDLESS OF INDIVIDUAL VIEWS, BACKGROUND OR SITUATIONS.

THOSE WHO HAVE
RELATIONSHIPS WITH DRUGS



ARE DEEMED TO NEED REHAB
AND ARE GIVEN RESTRICTED
PATHS,



REGARDLESS OF
WHETHER THEY WANT OR
NEED IT, AND OF WHETHER
IT WORKS FOR THEM.



AS WITH ALL KINDS OF
INDIVIDUAL-CENTERED
WELLNESS, NO SINGULAR
FORM OF REHAB WILL
WORK FOR EVERYONE
AND NOT EVERYONE CAN
OR SHOULD BE EXPECTED
TO HAVE THE EXACT SAME
RELATIONSHIPS WITH DRUGS.

ABSENT IN OUR CONVERSATIONS
ABOUT "REHABILITATIVE" RESPONSES
TO DRUG USE IS RESPECT FOR
THE INDIVIDUAL'S AGENCY AND
CAPACITY TO CHOOSE.



IF INDIVIDUALS WERE
GIVEN ACCESS TO CHOICE,
THEY COULD SELF-DETERMINE
THEIR RELATIONSHIP WITH
DRUGS - MEDICAL OR RECREATIONAL -
AND DECIDE IF, WHEN AND
THE KIND OF SUPPORT THEY
NEED AND WANT.



SIMULTANEOUSLY, INDIVIDUALS WHO
WOULD OTHERWISE HAVE HAD SAFE
AND UNPROBLEMATIC RELATIONSHIPS
WITH DRUGS



HAVE HAD THEIR LIVES
INTERRUPTED BY INTERVENTION, OR
POLARISED BY STATE NARRATIVES TOWARD
MORE EXTREME ATTITUDES & USE.

This isn't a security oversight. The area is still protected, but here the barriers have been seamlessly designed into the landscape.